



Benefit Enrollment Guide Full-Time 2023



Your Key Insurance Contacts & Resources

| | PHONE | WEBSITE |
|---|--|---------------------------|
| Medical UnitedHealthcare | 1-844-333-8728 | www.myuhc.com |
| Kaiser | 1-800-813-2000 | www.kaiserpermanente.org |
| Dental Delta Dental | 1-800-448-3815 | www.deltadentalmn.org |
| Vision UnitedHealthcare | 1-800-638-3120 | www.myuhcvision.com |
| Life & Disability Mutual of Omaha | Life Claims: 800-775-8805 Disability Claims: 800-877-5176 | www.mutualofomaha.com |
| Employee Assistance Program (EAP) Mutual of Omaha | 1-800-316-2796 | www.mutualofomaha.com/eap |
| Flexible Spending Account UnitedHealthcare | 1-844-333-8728 | www.myuhc.com |
| Health Reimbursement Arrangement (HRA) UnitedHealthcare | 1-844-333-8728 | www.myuhc.com |
| COBRA UnitedHealthcare | 1-844-333-8728 | www.myuhc.com |

Questions? Call an HR Representative with your questions:

| Midwest | | |
|---|-------------------|------------------|
| Contact | Phone | Location |
| Elizabeth Martinez-Perez – English, Spanish | 651-768-3335 | IL |
| Joyce Hagensick – English | 651-768-3327 | MN, GA, IL |
| Christian Poe – English, Karen | 651-768-3359 | MN |
| Sandy Lavold – English, Spanish | 651-768-3350 | MN, GA, IL |
| West Coast | | |
| Contact | Phone | Location |
| Abigail Garcia – English, Spanish | 503-621-9710 x101 | SI |
| Tania Vargas – English, Spanish | 509-837-3002 | SS |
| Mary Brown – English | 503-662-3246 | YAM, SS, SI |
| Sandra Sigüenza – English, Spanish | 503-868-7971 x146 | DAY, YAM, SS, SI |
| Lupe Ramirez – English, Spanish | 503-868-7971 x101 | DAY |

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

Table of Contents

| | |
|--|----|
| Eligibility | 1 |
| Medical Insurance | 2 |
| UHC Employee Assistance Program (EAP) | 3 |
| Health Reimbursement Arrangement (HRA) Frequently Asked Questions (FAQs)..... | 5 |
| Dental Insurance..... | 6 |
| Vision Insurance..... | 7 |
| Flexible Spending Accounts (FSA)..... | 8 |
| Base Life, Accidental Death & Dismemberment (AD&D) and Disability Insurance | 10 |
| Voluntary Life and Voluntary Accidental Death & Dismemberment (AD&D) Insurance | 11 |
| Wellness..... | 14 |
| UnitedHealthcare – Simply Engaged | 14 |
| Employee Assistance Program (EAP) | 15 |
| Travel Assistance | 15 |
| Additional Highlights..... | 16 |
| Benefit Resource Center | 17 |
| Legal Notices..... | 18 |

This summary is not a legal document and does not replace or supersede the “Evidence of Coverage”, policy, or the Summary Plan Description. Please refer to the Evidence of Coverage/insurance policy/Summary Plan Description for a complete description of the coverage, eligibility criteria, controlling terms, exclusions, limitations, and conditions of coverage.

Bailey’s Nurseries reserves the right to terminate, suspend, withdraw, reduce, or modify the benefits described in the Evidence of Coverage/policy/ Summary Plan Description in whole or in part, at any time. No statement in this or any other document and no oral representation should be construed as a waiver of this right. This summary is the confidential property of Bailey’s Nurseries.



Eligibility

Who is Eligible?

1. Regular full-time employees working a minimum average of 30 hours per week all year-long.
2. Employees who have worked for 12 continuous months, working an average of 30 hours per week.

Additionally – spouses by legal marriage and dependents are also eligible for some of these benefit plans.

When to Enroll

You can enroll in the benefits program with your initial eligibility following your hire date or full-time eligibility date. Coverage will be effective the first of the month following a 60-day waiting period. Failure to enroll during your initial eligibility period will result in a loss of eligibility until either annual open enrollment period or upon experiencing a qualifying life event.

There will be an annual open enrollment opportunity each year prior to January 1st – our renewal date – in addition to your initial eligibility.

NOTE: Once you have made your elections, you will not be able to change them until the next open enrollment period unless you experience a qualifying life event or change in employment status.

Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. If you need to make a change or enroll due to a qualifying event you have 30-days from the date of that event to enroll.

How to Enroll

Your personal data record must include minimum-level data according to healthcare regulation. Before starting your online enrollment, you should make sure you have the following data available for yourself and your covered dependents:

- Birth date(s)
- Social security number(s)
- Physical address, if different than your address

Whether or not you plan to participate in our group sponsored benefits, you are required to complete the benefit enrollment process identifying your decisions (i.e., enrollment or waiver).

New hires and/or newly benefit eligible employees must complete the benefit enrollment process within 60 days of their hire or employment status change to a benefit-eligible position. If an employee experiences a qualifying life event, the employee must immediately notify Human Resources of the event. Failure to notify Human Resources and complete the benefit enrollment process in 30 days may result in the loss of benefit eligibility until the next open enrollment period.

ON-LINE ENROLLMENT INFORMATION

www.bailey.bswift.com

Username: First initial of your first name and last name + last 4 digits of your social security number.

Example 1: JSmith1234

Example 2: PRodriguez-Garcia5678

Example 3: LPerezLopez9876

Password:

The last 4 digits of your social security number.

Medical Insurance

Bailey Nurseries, Inc. sponsors two different plans with UnitedHealthcare and one plan with Kaiser, for those employees in Oregon. It's important to compare the payable benefits to understand which option will best meet your needs. Dependent children up to age 26 are eligible regardless of their marital status.

UnitedHealthcare: The plans featured in the table below are for UnitedHealthcare provider networks. The plan designs have not changed from 2022 with a \$500 deductible and a \$2500 deductible. You have the freedom to use providers both in and outside of these provider networks, but you always receive the highest level of benefits by seeking care from in-network providers.

Both plan options provide 100 percent coverage for preventive care services such as routine medical and vision exams, vaccinations, well-children visits, and cancer screenings. Please note, however, that one plan is a traditional insurance benefit plan with lower deductibles, an office visit copay benefit but higher contribution requirements. The other plan is a High Deductible Health Plan that features a Health Reimbursement Arrangement (HRA) which is designed to reimburse you for certain out-of-pocket expenses.

Below is a benefit comparison of the medical insurance options you can select from in 2023. The expenses outlined below apply when you seek care within the UnitedHealthcare provider network. Additional out-of-pocket costs may apply if you go out-of-network.

| In-Network | UnitedHealthcare \$500 Deductible Plan | UnitedHealthcare \$2,500 Deductible Plan |
|--|---|---|
| Deductible | | |
| Individual | \$500 | \$2,500 |
| Family | \$1,000 | \$5,000 |
| Out-of-Pocket Max | | |
| Individual | \$3,000 | \$3,500 |
| Family | \$6,000 | \$7,000 |
| Preventive Care Routine preventive physical exams, immunizations, preventive tests, and a routine eye exam | 100% coverage | 100% coverage |
| Physician Office Visits | | |
| Primary Care | \$30 copay | 80% coverage after deductible |
| Specialty Care | \$30 copay | |
| General coinsurance | 80% coverage after deductible | 80% coverage after deductible |
| Pharmacy | | |
| Generic | \$12 copay | \$10 copay |
| Formulary | \$35 copay | \$40 copay |
| Non-Formulary | \$60 copay | \$60 copay |
| Specialty | 20% coinsurance | 20% coinsurance |
| Health Reimbursement Arrangement (HRA) | | |
| Individual | Not available | Full Year (Amount will be pro-rated based on plan entry date) |
| Family | | \$600 |
| | | \$1,200 |

To find a doctor, hospital, lab, and other providers in your network on myuhc.com, follow these steps:

1. Sign in to myuhc.com. Create an account by choosing “Register Now”.
2. Click on Find Care & Costs. You may need to change your location in order to search providers near you.
3. Click on Medical Directory.
4. Select the type of Medical Care or enter a name or service and click Search.
5. To locate a primary care provider, click People.
6. Choose the type of primary care provider.
7. If you already know the doctor’s name, medical group or hospital you are looking for, select All Primary Care Providers. Then, in the open search field, enter text and click Filter.

To find a doctor BEFORE registering as a member, follow these steps:

1. Sign in to myuhc.com and select Find a Provider.
2. Select Medical Directory.
3. Select Employer and Individual Plans.
4. Select Choice Plus.
5. Enter your location and your search criteria by Category.

We encourage you take advantage of the UnitedHealthcare programs available to you through your coverage with Bailey Nurseries, Inc. These programs include:

- **Mail Order Pharmacy:** Receive a three-month supply but pay for only two months through OptumRx. Visit myuhc.com.
- **Check. Choose. Go:** Compare quick care options to help keep costs down. Getting care at the best place for your condition could save you up to \$1,900 compared to an ER visit. For more details on quick care options, visit uhc.com/checkchoosego.
- **Virtual Visits:** Video chat with a doctor 24/7 without setting up additional accounts or apps. But, if you’d rather just speak with a doctor, you can simply do a virtual visit over the phone. The first 3 visits are free. Visit myuhc.com/virtualvisits or call 1-855-615-8335 for more information. Each covered family member gets three free visits in the Plan Year.
- **Real Appeal:** Real Appeal is an online weight loss program that provides personal coaching to help you and eligible family members lose weight and keep it off. Get support with 1-1 coaching and Success Kits with \$0 out of pocket. Learn more and start today at success.realappeal.com.
- **Discount Programs:** Discounts offered on contact lenses, hearing aids, health clubs, restaurants, and more! Learn more at uhc.com/benefithub.
- **Simply Engaged (Rally):** Register at myuhc.com and check in each time you exercise. Receive a \$20 gift card if you meet minimum requirements for the month.

UHC Employee Assistance Program (EAP)

Your Employee Assistance Program (EAP) provides support and resources to help you, and your family, with a range of issues, including:

- Managing stress, anxiety, and depression
- Improving relationships at home or work
- Getting guidance on legal and financial concerns
- Coping with occupational stress and burnout support
- Addressing substance abuse issues

This EAP service is provided to all employees and your families that are enrolled on a Bailey Nurseries UHC medical plan.

Call 24 hours a day / 7 days per week 1-888-887-4114

Medical Insurance (continued)

Kaiser Plan: Below is a benefit summary of a medical insurance option **ONLY available to Oregon-based employees** from Kaiser. The expenses outlined below apply when you seek care within the Kaiser provider network. Note, there is no coverage when using an out-of-network provider.

| In-Network | Kaiser \$1,500 Deductible Plan (Available ONLY to Oregon employees) |
|--|---|
| Deductible Individual Family | \$1,500 \$4, 500 |
| Out-of-Pocket Max Individual Family | \$5,500 \$11,000 |
| Preventive Care Routine preventive physical exams, immunizations, and preventive tests. | 100% coverage |
| Physician Office Visits Primary Care Specialty Care | \$25 copay \$35 copay |
| General coinsurance | 80% coverage after deductible |
| Pharmacy Generic Preferred brand Non-preferred | \$20 copay \$40 copay \$60 copay |

Get the most out of your health plan

- **Mail Order Pharmacy:** Skip the pharmacy line and have your medications delivered to your home. Delivery is free, and most members save 1 copay on a 90-day supply.
- **Employee Assistance Program:** Manage stress, improve relationships at home, or receive guidance on legal and financial concerns through UHC's EAP. Call today at 1-888-887-4114 for access to resources at no additional cost.
- **24/7 nurse advice:** If you're not sure what kind of care you need, you can call our advice nurses anytime. They'll help you figure out what type of care is best for your symptom or condition, help you decide where to go for care, and even schedule a routine appointment for you, if appropriate.
- **Travel care:** We can help you prepare for travel by checking if you need a vaccination, getting you a prescription refill before you leave, and more. Just call our 24/7 Away From Home Travel Line at 951-268-3900 or visit kp.org/travel.
- **Online wellness tools:** Visit kp.org/healthyliving for helpful articles, wellness information, health calculators, fitness videos, music channels, podcasts, and recipes from world-class chefs.
- **Healthy lifestyle programs:** Connect to better health. Our online programs can help you lose weight, quit smoking, reduce stress, sleep better, and more—all at no cost. Learn more at kp.org/healthylifestyles.
- **Reduced rates for members:** Our members get special rates on a variety of health-related products and services like gym memberships, massage therapy, and more. Check out your options at kp.org/choosehealthy.

Health Reimbursement Arrangement (HRA) Frequently Asked Questions (FAQs)

The Health Reimbursement Arrangement (HRA) is an additional benefit plan ONLY available for those individuals who enroll in the UnitedHealthcare \$2,500 deductible plan option. The HRA is not available with any other medical insurance benefit plans. UnitedHealthcare is the administrator.

Q: What is an HRA?

A: HRA's are tax savings accounts are funded through employer contributions. The participant can be reimbursed for qualified expenses, which includes deductibles and coinsurance.

Q: Who can contribute to my HRA?

A: Your employer contributes \$600 for employee only coverage and \$1,200 for family coverage. These contributions are annual dollar amounts. Newly eligible employee contributions will be pro-rated based on plan entry/eligibility date.

Q: How do I view my HRA balance?

A: You can view the balance of your HRA at any time at www.myuhc.com (or call customer service 844-333-8728)

Q: What can I pay for with my HRA dollars?

A: Funds from your HRA will automatically be used/applied for all qualified medical expenses. Qualified medical expenses generally include diagnosis, treatment and prevention of disease or treatment for any part or function of the body. Cosmetic medical, dental, and vision expenses and expenses that benefit your general health (such as health club fees) are not eligible. **Prescription medications, dental, and vision expenses are not covered with HRA dollars.**

Q: What if I have an FSA and an HRA through my employer? Which one pays first for qualified medical expenses?

A: Expenses eligible under both plans will be paid by funds from your HRA first.

Q: What if I use funds in my HRA for non-medical expenses?

A: You are not allowed to use funds in your HRA for non-qualified expenses. If you do, you will receive a request to reimburse the funds.

Q: How do I access my HRA account?

A: If enrolled, you will have an online account with UnitedHealthcare (www.myuhc.com). UnitedHealthcare will directly process on your behalf. Explanation of Benefits (EOB's) are not mailed and can be accessed on the UHC

website or call UHC at 844-333-8728.

Q: Do I need to keep my receipts and other documentation?

A: Although you are not required to send receipts to UHC, it is best practice to keep your receipts.

Q: What is the HRA Claims process?

A: Your doctor will send the bill to UnitedHealthcare, where UnitedHealthcare will then process your claim and provide an Explanation of Benefits to you and your doctor. It is important you **do not pay** your doctor bill before this happens. **WAIT** to give UnitedHealthcare time to pay your claim out of your HRA fund if funds are available.

Q: What if I do not have funds in the HRA to pay the bill?

A: UnitedHealthcare will pay the doctor or clinic directly with any available funds. You will need to pay the clinic for any amounts that exceed your balance.

Note: If you are also enrolled in the FSA, available FSA funds will be applied once your HRA funds are depleted. See FSA section for additional details.

Q: What if I terminate employment?

A: If you leave Bailey Nurseries, Inc., you cannot take your HRA with you. Funds remaining in your HRA cannot be paid to you unless expenses had already been incurred before your insurance ended.

Q: What happens to funds left in my HRA at the end of the year?

A: The funds will rollover into the next plan year to a maximum of \$4,999.99. Balances are transferred in mid-April.

Q: How do I access my plan information?

A: Access secure UnitedHealthcare portal at www.myuhc.com or download the UnitedHealthcare app on your iPhone or Android.

Q: What do I do if I need help logging in or am locked out of the Member Login?

A: If you need assistance with your username and password, contact the United Healthcare Group Customer Service Department at **844-333-8728**.

Dental Insurance

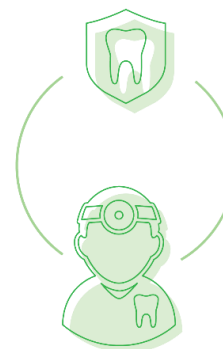
The group dental insurance is underwritten and administered by **Delta Dental**. This program features a provider network, but our plan allows you to seek treatment from the dentist of your choice. You always experience the lowest out-of-pocket by seeking care from a participating provider. Spouses by legal marriage and dependent children up to age 26 are eligible regardless of their marital status.

| Services | Amount You Pay in Delta Dental PPO | Amount You Pay in Delta Dental Premier | Amount You Pay Out-of-Network |
|--|--|--|--|
| Calendar Year Maximum | \$2,000 | \$2,000 | \$1,000 |
| Deductible | | | |
| Individual | N/A | N/A | \$25 |
| Family | | | \$75 |
| Preventive Services Check Ups, Teeth Cleaning, X-rays, Fluoride | 100% coverage | 100% coverage | 100% coverage |
| Basic Services Cavity repair, tooth extractions, root canals, gum and bone disease | 100% coverage | 100% coverage | 80% coverage after deductible |
| Major Services Crowns, bridges, dentures | 60% coverage | 60% coverage | 50% coverage after deductible |
| Orthodontics Available for Adults and Children | 50% coverage \$2,000 Lifetime Maximum | 50% coverage \$2,000 Lifetime Maximum | 50% coverage \$500 Lifetime Maximum |

Perks of seeing an in-network dentist include:

(Delta Dental PPO™/Delta Dental Premier®)

- Network savings on covered services
- No balance billing, meaning dentists In-Network will not bill you the difference between the maximum allowed fee and what they typically charge



Find a Dentist Tool

1. Visit DeltaDentalMN.org and click on the “Find A Dentist” Link
2. Select if you would like to find a in-network dentist or find a new dentist. You can then search by name, location, or network
3. Filter results to refine your search

Delta Dental PPO gives you the lowest out-of-pocket costs. In-Network dentists agree to accept lower fees for procedures, providing larger discounts that result in savings for Delta Dental members.

Delta Dental Premier is one of the largest dental networks in the country. There is a higher maximum allowed fee schedule for the Premier network, meaning your out-of-pocket costs will be slightly higher than the PPO network.

Delta Dental Mobile App

Delta Dental’s mobile app gives you access to our dentist search, claims, and coverage and your ID card right on your mobile device. To download and install the app on your device, visit the App Store or Google Play and search for Delta Dental.



Vision Insurance

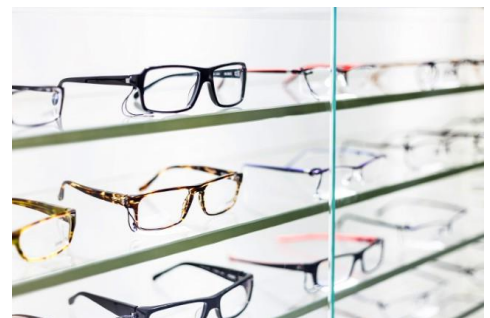
Vision insurance is available for glass frames, lenses, and contacts. This coverage is offered through **UnitedHealthcare**. **NOTE: Eye exams are not part of this benefit.** Please review your medical plan benefits for exam coverage. Dependent children up to age 26, are eligible for coverage. Your network is the Spectera Eyecare Networks.

| Services | Amount You Pay In-Network | Amount You Pay Out-of-Network |
|---|--|--|
| Co-Pays | | |
| Materials | \$15 | Copays for out-of-network visits are deducted from reimbursements |
| Contact Lens Fitting | \$15 | |
| Frames | \$130 retail allowance | Up to \$45 retail |
| Contact Lens Fitting (Formulary) | Covered in full after copay | Up to \$210 |
| Contact Lens Fitting (Non-Formulary) | Not covered | Not covered |
| Lenses (standard) per pair | | |
| Single Vision | Covered in full | Up to \$40 retail |
| Bifocal | Covered in full | Up to \$60 retail |
| Trifocal | Covered in full | Up to \$80 retail |
| Lenticular | Covered in full | Up to \$80 retail |
| Progressive lens upgrade | Up to \$250 | |
| Contact Lenses | | |
| Covered Formulary | Up to 4 boxes | Up to \$105 |
| Non-Formulary | Up to \$105 | Up to \$105 |
| Necessary Lenses | 100% | Up to \$210 |
| Discounts on Covered Materials <i>(based on date of service)</i> Frames | 30% off amount over allowance 20%-60% off retail Up to 35% | Retailers Include: 1-800 Contacts Crown Vision Center Costco Optical CVS Optical Center Target Optical Eye Boutique Visionworks Eye Care Center Shopko JCPenney Optical Allegany Optical LensCrafters Vision Works JCPenny Optical Sam's Club Walmart Vision Shopko Eyecare Center ... And many other providers |
| Lens options | | |
| Laser Vision Discount | | |
| Services/Frequency | | |
| Frame | 24 months | |
| Contact Lens Fitting | 12 months | |
| Lenses | 12 months | |
| Contact Lenses | 12 months | |

Visit myuhc.vision.com to find an in-network eye doctor near you.

Warby Parker makes it easy to find the right contacts or glasses for you – Simply shop online or in stores to find your style with special benefits only offered through UnitedHealthcare. Visit warbyparker.com/united.

Vision Cards are not mailed. A copy may be found on the UHC site or can be requested by calling UHC Vision Customer Service. You do not need a card to see a provider. Provide your SSN and Company Name and the Provider is able to look up your coverage.



Flexible Spending Accounts (FSA)

NEW! Change from Grace Period to Carryover.

NEW for the 2023 plan year: Bailey Nurseries is changing from a Grace Period to an annual Carryover **Flexible Spending Account plan**. For contributions made for the 2023 plan year, you will be able to carryover up to \$570 to be used through 12/31/24.

For Enrollees in 2022: If you contributed toward an FSA in 2022, you have a “Grace Period” into 2023 to incur claims. You will have until 3/15/2023 to incur claims against your prior year’s money and then until 3/31/2023 to file those claims.

Participating in the FSA plan is an excellent way to reduce your out-of-pocket cost on health care expenses. You can save on state, federal, and FICA taxes by participating in these programs. Choose amount for entire Plan Year. Payroll deductions will be spread out evenly over the course of the calendar year.

- The maximum amount you may elect for the Flexible Spending Health Care Reimbursement account is \$2,850.
- The Flexible Spending Account is “use it or lose it.” If you do not spend the dollars you elect within the appropriate timeframe, you will forfeit the remaining dollars.

Flexible Spending Account (FSA) Frequently Asked Questions

Medical FSA

Q: Are there minimum and maximum amounts I can contribute?

A: Yes. The minimum amount is \$120 annually. The maximum amount is \$2,850.

Q: How do I get reimbursed for my expenses?

A: You may use the UnitedHealthcare debit card to pay for qualified expenses. However, if you are enrolled in the UnitedHealthcare 2500 HRA Plan, you will not be able to use your debit card for the qualified medical expenses that are also covered by HRA funds. Instead, UnitedHealthcare will pay those medical expenses automatically once the HRA funds are depleted.

For other expenses such as prescriptions, dental, or vision, you may file claims online, by fax, mobile app, or via mail by completing a claim form and submitting documentation including receipts. You may visit the UnitedHealthcare portal to file a claim online or print a claim form. Participants can also add dependents and direct deposit information using the portal. The UnitedHealthcare FSA portal can be accessed at www.myuhc.com. Customer Service can be reached toll free at **844-333-8728**.

To clarify, when you have both an HRA and FSA account, the HRA funds are used first. After that the FSA funds will be applied.

Q: If I use my UnitedHealthcare debit card to pay for qualified medical expenses, do I need to keep my receipts and other documentation?

A: Yes. All eligible expenses are required to be validated. Some expenses paid for with your UnitedHealthcare debit card can be electronically validated, but you should always keep your receipts and other documentation for tax purposes and in case they are needed to further validate your expenses.

Q: What if I don't provide a receipt when requested?

A1: You will be sent multiple requests to submit acceptable documentation. If you do not provide the information requested within the specified time frame, your claim will be denied, and your debit card may be suspended.

A2: The last day to submit documentation for unsubstantiated claims is by June 30th (closing of the plan year of the following year) then it will be considered taxable income and (or) repayment will be required.

Q: What funds are available to me at the beginning of my plan year?

A: The entire amount you elected to set aside for the year is available to you on the first day of the plan year.

Q: Can I request FSA reimbursement for eligible services I received before the plan year begins if I am not billed until after the start of the plan year?

A: No. According to IRS guidelines an expense is incurred at the time the service is provided, not when you are billed or when you pay for the service.

Q: Can I be reimbursed for my spouse's deductible, co-pays or other out-of-pocket medical expenses?

A: Yes. Your FSA can be used to cover qualifying out-of-pocket medical expenses incurred by any member of your family claimed as a

dependent on your tax returns, or by unmarried children through age 26.

Q: What happens if I submit a claim for an amount greater than what I have in my FSA account at the time?

A: The entire amount you elected to set aside is available to you on the first day your coverage is effective. If you file a claim for an amount greater than what is in your account, you will still be reimbursed (up to the total amount elected for the plan year). Deductions from your paycheck will continue to go into the FSA throughout the year.

Q: What if I don't use all of the money in my account before the end of the plan year?

A: If you contributed toward an FSA in 2022, you have a "Grace Period" into 2023 to incur claims. You will have until 3/15/2023 to incur claims against your prior year's money and then until 3/31/2023 to file those claims.

NEW for the 2023 plan year: Bailey Nurseries is changing from a Grace Period to an annual Carryover. For contributions made for the 2023 plan year, you will be able to carryover up to \$570 to be used through 12/31/24. **Any balance over \$570 as of 12/31/2023 will be forfeit and not reimbursable.**

Claims for reimbursement for 2023 claims will be accepted until March 31, 2024.

Q. Can I change the amount of money I set aside in my FSA in the middle of the plan year?

A: No. You cannot change your election amount until the next enrollment period unless you experience a status change. A status change includes marriage, divorce, birth or adoption of a child, death of a family member or an employment status change for yourself or your spouse.

Q. Do I have to Enroll in Medical Benefits with the Company to Participate in the FSA?

A: No. You do not have to elect any other benefits to participate.

Q. What if I terminate employment?

A: If you terminate employment with Bailey Nurseries, your FSA ends on the date of termination and any expenses for the year must be incurred on or before that date.



Base Life, Accidental Death & Dismemberment (AD&D) and Disability Insurance

Bailey Nurseries, Inc. provides Basic Life, Accidental Death & Dismemberment (AD&D) and Disability Insurance at no cost to employees. Coverage is provided through Mutual of Omaha Insurance Company. The Life insurance policy pays beneficiaries upon the employee's death whether the death is due to natural causes or an accident. The AD&D policy pays beneficiaries in the event of a death due to an accident. Bailey Nurseries also takes out Life policies on employees' dependents. Dependents include spouses of and/or unmarried children up to age 26.

Bailey Nurseries provides coverage for **Short-Term** and **Long-Term disability**. These policies pay 60% of monthly base earning in the event an employee is unable to work due to serious illness or injury that is not work-related.

The chart below summarizes the employer-paid benefits.

| Basic Life and AD&D | Bailey Nurseries, Inc. pays the total cost of the premium |
|---------------------------------|--|
| Employee Life | 1x Annual Earnings, rounded to the next higher \$1,000 to a maximum of \$50,000 |
| Employee AD&D | Amount is equal to Life Benefit |
| Spouse Life | \$2,000 |
| Child(ren) Life | \$2,000 (unmarried child) |
| Reduction of Benefits | Face value reduces to 65% at age 65 and 50% at age 70; benefits terminate at retirement |
| Eligibility | 1st of the month following 60 days of employment |
| Short-Term Disability | Bailey Nurseries, Inc. pays the total cost of this benefit |
| Benefit Amount | 60% of base salary |
| Benefit Waiting Period | 7 days |
| Benefit Duration | Up to 90 days |
| Eligibility | 12 consecutive months of employment |
| Long-Term Disability | Bailey Nurseries, Inc. pays the total cost of the premium |
| Benefit Amount | 60% of monthly earnings up to \$10,000 |
| Benefit Waiting Period | 90 days, benefits begin on the 91st day |
| Maximum Benefit Duration | Later of Age 65 or Social Security Normal Retirement Age |
| Pre-Existing Condition | You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date, until you have been covered under the policy for 12 months |
| Benefit Limitations | Mental Illness: 24 months; Substance Abuse: 24 months |
| Eligibility | 1st of the month following 60 days of employment |

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

Voluntary Life and Voluntary Accidental Death and Dismemberment (AD&D) insurance is available at group rates. This is a 100% employee paid benefit plan and premiums are deducted through payroll on an after-tax basis for Voluntary Life. If an employee or spouse elects more than the Guarantee Issue amount, an Evidence of Insurability (EOI) form with a medical questionnaire will need to be completed. Please contact Human Resources for additional information.

| Voluntary Life | Employee pays the total cost of the premium |
|---|--|
| Employee Voluntary Life | <ul style="list-style-type: none"> ▪ \$10,000 increments ▪ Up to 5x salary to a maximum \$500,000 ▪ Guarantee Issue of \$100,000 at initial eligibility (no EOI required) ▪ During open enrollment can increase up to two increments of coverage up to Guaranteed Amount |
| Spouse Voluntary Life | <ul style="list-style-type: none"> ▪ \$5,000 increments ▪ Up to \$250,000 or 100% of Employee's Benefit ▪ Guarantee Issue of 100% of Employee's Benefit at initial eligibility, up to \$25,000 |
| Child(ren) Voluntary Life | <ul style="list-style-type: none"> ▪ \$2,000 increments ▪ Up to \$10,000 |
| Reduction of Benefits | Face value reduces to 65% at age 65 and 50% at age 70 |
| Eligibility | Voluntary Life Insurance is available for all employees, their spouses and unmarried dependent children up to the age of 26. Employee must enroll in order for spouses and/or children to enroll. |
| Voluntary Accidental Death & Dismemberment (AD&D) | Employee pays the total cost of the premium |
| Employee Voluntary AD&D | <ul style="list-style-type: none"> ▪ \$10,000 increments ▪ Up to 5x salary up to \$500,000 |
| Spouse Voluntary AD&D | <ul style="list-style-type: none"> ▪ \$10,000 increments ▪ Up to 100% of employee's elected amount |
| Child(ren) Voluntary AD&D | <ul style="list-style-type: none"> ▪ \$2,000 increments ▪ Up to \$20,000 |
| Reduction of Benefits | Face value reduces to 65% at age 65 and 50% at age 70 |
| Eligibility | AD&D insurance is available for all eligible employees, their spouses, and unmarried dependent children up to the age of 26. Employee must enroll for spouses and/or children to enroll. |

Voluntary Term Life – Monthly Rates

| Monthly Employee Premium | | | | | | | | | | |
|--------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| AGE | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 |
| <25 | \$0.60 | \$1.20 | \$1.80 | \$2.40 | \$3.00 | \$3.60 | \$4.20 | \$4.80 | \$5.40 | \$6.00 |
| 25-29 | \$0.60 | \$1.20 | \$1.80 | \$2.40 | \$3.00 | \$3.60 | \$4.20 | \$4.80 | \$5.40 | \$6.00 |
| 30-34 | \$0.80 | \$1.60 | \$2.40 | \$3.20 | \$4.00 | \$4.80 | \$5.60 | \$6.40 | \$7.20 | \$8.00 |
| 35-39 | \$1.00 | \$2.00 | \$3.00 | \$4.00 | \$5.00 | \$6.00 | \$7.00 | \$8.00 | \$9.00 | \$10.00 |
| 40-44 | \$1.70 | \$3.40 | \$5.10 | \$6.80 | \$8.50 | \$10.20 | \$11.90 | \$13.60 | \$15.30 | \$17.00 |
| 45-49 | \$2.90 | \$5.80 | \$8.70 | \$11.60 | \$14.50 | \$17.40 | \$20.30 | \$23.20 | \$26.10 | \$29.00 |
| 50-54 | \$4.80 | \$9.60 | \$14.40 | \$19.20 | \$24.00 | \$28.80 | \$33.60 | \$38.40 | \$43.20 | \$48.00 |
| 55-59 | \$7.30 | \$14.60 | \$21.90 | \$29.20 | \$36.50 | \$43.80 | \$51.10 | \$58.40 | \$65.70 | \$73.00 |
| 60-64 | \$11.30 | \$22.60 | \$33.90 | \$45.20 | \$56.50 | \$67.80 | \$79.10 | \$90.40 | \$101.70 | \$113.00 |
| 65-69 | \$6,500 | \$13,000 | \$19,500 | \$26,000 | \$32,500 | \$39,000 | \$45,500 | \$52,000 | \$58,500 | \$65,000 |
| | \$11.64 | \$23.27 | \$34.91 | \$46.54 | \$58.18 | \$69.81 | \$81.45 | \$93.08 | \$104.72 | \$116.35 |
| 70-74 | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | N/A | N/A | N/A | N/A | N/A |
| | \$25.95 | \$51.90 | \$77.85 | \$103.80 | \$129.75 | N/A | N/A | N/A | N/A | N/A |
| 75-79 | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | N/A | N/A | N/A | N/A | N/A |
| | \$25.95 | \$51.90 | \$77.85 | \$103.80 | \$129.75 | N/A | N/A | N/A | N/A | N/A |
| 80-99 | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | N/A | N/A | N/A | N/A | N/A |
| | \$25.95 | \$51.90 | \$77.85 | \$103.80 | \$129.75 | N/A | N/A | N/A | N/A | N/A |

| Monthly Voluntary Life Spouse Premium | | | | | | | | | | |
|---------------------------------------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| AGE | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
| 0-29 | \$0.30 | \$0.60 | \$0.90 | \$1.20 | \$1.50 | \$1.80 | \$2.10 | \$2.40 | \$2.70 | \$3.00 |
| 30-34 | \$0.40 | \$0.80 | \$1.20 | \$1.60 | \$2.00 | \$2.40 | \$2.80 | \$3.20 | \$3.60 | \$4.00 |
| 35-39 | \$0.50 | \$1.00 | \$1.50 | \$2.00 | \$2.50 | \$3.00 | \$3.50 | \$4.00 | \$4.50 | \$5.00 |
| 40-44 | \$0.85 | \$1.70 | \$2.55 | \$3.40 | \$4.25 | \$5.10 | \$5.95 | \$6.80 | \$7.65 | \$8.50 |
| 45-49 | \$1.45 | \$2.90 | \$4.35 | \$5.80 | \$7.25 | \$8.70 | \$10.15 | \$11.60 | \$13.05 | \$14.50 |
| 50-54 | \$2.40 | \$4.80 | \$7.20 | \$9.60 | \$12.00 | \$14.40 | \$16.80 | \$19.20 | \$21.60 | \$24.00 |
| 55-59 | \$3.65 | \$7.30 | \$10.95 | \$14.60 | \$18.25 | \$21.90 | \$25.55 | \$29.20 | \$32.85 | \$36.50 |
| 60-64 | \$5.65 | \$11.30 | \$16.95 | \$22.60 | \$28.25 | \$33.90 | \$39.55 | \$45.20 | \$50.85 | \$56.50 |
| 65-69 | \$3,250 | \$6,500 | \$9,750 | \$13,000 | \$16,250 | \$19,500 | \$22,750 | \$26,000 | \$29,250 | \$32,500 |
| | \$ 5.82 | \$ 11.64 | \$ 17.45 | \$ 23.27 | \$ 29.09 | \$ 34.91 | \$ 40.72 | \$ 46.54 | \$ 52.36 | \$ 58.18 |

Benefits and premium amounts reflect age reductions.

Spouse benefit ends when employee turns age 70, regardless of spouse age.

| Monthly Voluntary Life Dependent Child(ren) Premium Rate | | | | | | | | | | |
|--|---------|---------|---------|---------|----------|--|--|--|--|--|
| Benefit Amount | \$2,000 | \$4,000 | \$6,000 | \$8,000 | \$10,000 | | | | | |
| Monthly Premium | \$0.36 | \$0.72 | \$1.08 | \$1.44 | \$1.80 | | | | | |

Voluntary AD&D – Monthly Rates

| Employee Only AD&D Coverage Premium Table | | | | | | | | | | |
|---|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Benefit Amount | \$10,000 | \$50,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 | \$300,000 | \$350,000 | \$400,000 | \$500,000 |
| Monthly Premium | \$0.25 | \$1.25 | \$2.50 | \$3.75 | \$5.00 | \$6.25 | \$7.50 | \$8.75 | \$10.00 | \$12.50 |
| Spouse AD&D Coverage Premium Table | | | | | | | | | | |
| Benefit Amount | \$5,000 | \$50,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 | \$300,000 | \$350,000 | \$400,000 | \$500,000 |
| Monthly Premium | \$0.25 | \$2.45 | \$4.90 | \$7.35 | \$9.80 | \$12.25 | \$14.70 | \$17.15 | \$19.60 | \$24.50 |
| Child (ren) AD&D Coverage Premium Table | | | | | | | | | | |
| Benefit Amount | \$2,000 | \$4,000 | \$6,000 | \$8,000 | \$10,000 | | | | | |
| Monthly Premium | \$0.07 | \$0.13 | \$0.20 | \$0.26 | \$0.33 | | | | | |

Voluntary Term Life – Bi-Weekly Rates

| Bi-Weekly Employee Premium | | | | | | | | | | |
|----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| AGE | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 |
| <25 | \$0.28 | \$0.55 | \$0.83 | \$1.11 | \$1.39 | \$1.66 | \$1.94 | \$2.22 | \$2.49 | \$2.77 |
| 25-29 | \$0.28 | \$0.55 | \$0.83 | \$1.11 | \$1.39 | \$1.66 | \$1.94 | \$2.22 | \$2.49 | \$2.77 |
| 30-34 | \$0.37 | \$0.74 | \$1.11 | \$1.48 | \$1.85 | \$2.21 | \$2.58 | \$2.95 | \$3.32 | \$3.69 |
| 35-39 | \$0.46 | \$0.92 | \$1.39 | \$1.85 | \$2.31 | \$2.77 | \$3.23 | \$3.70 | \$4.16 | \$4.62 |
| 40-44 | \$0.79 | \$1.57 | \$2.36 | \$3.14 | \$3.93 | \$4.71 | \$5.50 | \$6.28 | \$7.07 | \$7.85 |
| 45-49 | \$1.34 | \$2.68 | \$4.01 | \$5.35 | \$6.69 | \$8.03 | \$9.37 | \$10.70 | \$12.04 | \$13.38 |
| 50-54 | \$2.22 | \$4.43 | \$6.65 | \$8.86 | \$11.08 | \$13.29 | \$15.51 | \$17.72 | \$19.94 | \$22.15 |
| 55-59 | \$3.37 | \$6.74 | \$10.11 | \$13.48 | \$16.85 | \$20.21 | \$23.58 | \$26.95 | \$30.32 | \$33.69 |
| 60-64 | \$5.22 | \$10.43 | \$15.65 | \$20.86 | \$26.08 | \$31.29 | \$36.51 | \$41.72 | \$46.94 | \$52.15 |
| 65-69 | \$6,500 | \$13,000 | \$19,500 | \$26,000 | \$32,500 | \$39,000 | \$45,500 | \$52,000 | \$58,500 | \$65,000 |
| | \$5.37 | \$10.74 | \$16.11 | \$21.48 | \$26.85 | \$32.22 | \$37.59 | \$42.96 | \$48.33 | \$53.70 |
| 70-74 | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | N/A | N/A | N/A | N/A | N/A |
| | \$11.98 | \$23.95 | \$35.93 | \$47.91 | \$59.89 | N/A | N/A | N/A | N/A | N/A |
| 75-79 | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | N/A | N/A | N/A | N/A | N/A |
| | \$11.98 | \$23.95 | \$35.93 | \$47.91 | \$59.89 | N/A | N/A | N/A | N/A | N/A |
| 80-99 | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | N/A | N/A | N/A | N/A | N/A |
| | \$11.98 | \$23.95 | \$35.93 | \$47.91 | \$59.89 | N/A | N/A | N/A | N/A | N/A |

| Bi-Weekly Voluntary Life Spouse Premium | | | | | | | | | | |
|---|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| AGE | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
| 0-29 | \$0.14 | \$0.28 | \$0.42 | \$0.55 | \$0.69 | \$0.83 | \$0.97 | \$1.11 | \$1.25 | \$1.38 |
| 30-34 | \$0.18 | \$0.37 | \$0.55 | \$0.74 | \$0.92 | \$1.11 | \$1.29 | \$1.48 | \$1.66 | \$1.85 |
| 35-39 | \$0.23 | \$0.46 | \$0.69 | \$0.92 | \$1.15 | \$1.38 | \$1.62 | \$1.85 | \$2.08 | \$2.31 |
| 40-44 | \$0.39 | \$0.78 | \$1.18 | \$1.57 | \$1.96 | \$2.35 | \$2.75 | \$3.14 | \$3.53 | \$3.92 |
| 45-49 | \$0.67 | \$1.34 | \$2.01 | \$2.68 | \$3.35 | \$4.02 | \$4.68 | \$5.35 | \$6.02 | \$6.69 |
| 50-54 | \$1.11 | \$2.22 | \$3.32 | \$4.43 | \$5.54 | \$6.65 | \$7.75 | \$8.86 | \$9.97 | \$11.08 |
| 55-59 | \$1.68 | \$3.37 | \$5.05 | \$6.74 | \$8.42 | \$10.11 | \$11.79 | \$13.48 | \$15.16 | \$16.85 |
| 60-64 | \$2.61 | \$5.22 | \$7.82 | \$10.43 | \$13.04 | \$15.65 | \$18.25 | \$20.86 | \$23.47 | \$26.08 |
| 65-69 | \$3,250 | \$6,500 | \$9,750 | \$13,000 | \$16,250 | \$19,500 | \$22,750 | \$26,000 | \$29,250 | \$32,500 |
| | \$ 2.69 | \$ 5.37 | \$ 8.06 | \$ 10.74 | \$ 13.43 | \$ 16.11 | \$ 18.80 | \$ 21.48 | \$ 24.17 | \$ 26.85 |

Benefits and premium amounts reflect age reductions.

Spouse benefit ends when employee turns age 70, regardless of spouse age.

| Bi-Weekly Voluntary Life Dependent Child(ren) Bi-Weekly Premium Rate | | | | | | | | | | |
|--|---------|---------|---------|---------|----------|--|--|--|--|--|
| Benefit Amount | \$2,000 | \$4,000 | \$6,000 | \$8,000 | \$10,000 | | | | | |
| Bi-Weekly Premium | \$0.17 | \$0.33 | \$0.66 | \$0.50 | \$0.83 | | | | | |

Voluntary AD&D – Bi-Weekly Rates

| Employee Only AD&D Coverage Premium Table | | | | | | | | | | |
|---|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Benefit Amount | \$10,000 | \$50,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 | \$300,000 | \$350,000 | \$400,000 | \$500,000 |
| Bi-Weekly Premium | \$0.12 | \$0.58 | \$1.15 | \$1.73 | \$2.31 | \$2.88 | \$3.46 | \$4.04 | \$4.62 | \$5.77 |
| Spouse AD&D Coverage Premium Table | | | | | | | | | | |
| Benefit Amount | \$5,000 | \$50,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 | \$300,000 | \$350,000 | \$400,000 | \$500,000 |
| Bi-Weekly Premium | \$0.11 | \$1.13 | \$2.26 | \$3.39 | \$4.52 | \$5.65 | \$6.78 | \$7.7 | \$9.04 | \$11.30 |
| Dependent Child (ren) AD&D Coverage Premium Table | | | | | | | | | | |
| Benefit Amount | \$2,000 | \$4,000 | \$6,000 | \$8,000 | \$10,000 | | | | | |
| Bi-Weekly Premium | \$0.03 | \$0.06 | \$0.09 | \$0.12 | \$0.15 | | | | | |

Wellness

Healthy employees contribute to the strength and success of Bailey Nurseries, Inc. Choices we make can lead to happier and healthier lives both at home and at work. To help maintain and improve overall employee health, Bailey Nurseries, Inc. is pleased to announce the continuation of a Wellness Incentive Program and an increase in the incentive.

For those enrolled in a health plan at Bailey Nurseries, Inc., a financial incentive of **\$468** will be available beginning in **2024** for those employees who participate in and document certain activities.

For regular full-time employees, the following activities will need to be (or have been done) between **October 1, 2022** and

September 30, 2023:

1. Complete a preventive physical exam
2. Go to the dentist
3. Participate in a volunteer event or a Bailey Wellness campaign

Then:

- Complete a certification form signed by your doctor confirming the date and nature of the visit
- Complete a certification form signed by your dentist confirming the date and nature of the visit
- Complete the participation affidavit (exams and volunteering/wellness campaign)

Return the forms by October 6, 2023 to Human Resources:

Bailey Nurseries, Inc.

Attention: Joyce Hagensick

1325 Bailey Road

Newport, MN 55055

Forms are available on SharePoint/HR/Employee Forms/Wellness Incentive Forms or contact your HR Department.

Upon successful completion of the required activities, your medical premium for 2024 will be reduced by \$468 for the year (\$39 per month).

This is a win-win situation for you and the company. We hope you will participate.

UnitedHealthcare – Simply Engaged

Not only does Bailey Nurseries reward you for healthy choices, but UHC does as well. Complete the specific health and wellness activities to earn financial incentives and rewards. Your earned financial incentives will be provided through gift cards, health account deposits, or premium reductions. You can track your activities and rewards through Rally, a user-friendly digital experience that supports your program with online tools. To get started:

1. Visit myuhc.com
2. Click on the Health Resources tab to find and link to Rally website.
3. View Rewards on the Rally website to track your earned incentives



Employee Assistance Program (EAP)

Mutual of Omaha's EAP assists ALL Bailey employees and their eligible dependents with personal or job-related concerns, including:

- ▶ Emotional well-being
- ▶ Family and relationships
- ▶ Legal and financial matters
- ▶ Healthy lifestyles
- ▶ Work and life transitions

EAP BENEFITS

- Unlimited telephone access to EAP professionals 24/7
- Telephone assistance and referral
- Service for employees and eligible dependents
- Licensed mental health professionals
- Three face-to-face sessions* with a counselor (per household per calendar year)

*Face-to-face visits can also be used toward legal consultations

WHAT TO EXPECT

Don't delay if you need help. Visit mutualofomaha.com/eap or call 800-316-2796 for confidential consultation and resource services.

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is no cost to you for utilizing EAP services. If

additional services are needed, your EAP will help locate appropriate resources in your area. Three face-to-face sessions* with a counselor (per household per calendar year).

Legal assistance and financial services:

- Online will preparation
- Legal library & online forms
- Telephonic financial consultation

Resources for:

- Financial tools & resources
- Substance abuse and other addictions
- Dependent and elder care assistance & referral services

Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap

For those enrolled in the **UnitedHealthcare** plan, there is an additional EAP you have access to at no additional cost. UHC provides support and resources to help you, and your family, with a range of issues including:

- Managing stress, anxiety and depression
- Improving relationships at home or work
- Getting guidance on legal and financial concerns
- Addressing substance use issues, and more!

Get started today – call EAP 24/7 at 1-888-887-4114.

Travel Assistance

Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

24/7 Services include: pre-departure assistance with passports and other document for foreign travel, currency exchange rates, consulate and embassy locations, telephone translation services, locating legal services, assistance with lost, stolen or delayed baggage, document replacement, locating medical providers, assistance with obtaining prescription drugs or other necessary personal medical items, ID theft.

| | |
|---|---|
|  WORLDWIDE TRAVEL ASSISTANCE Services available for business and personal travel. For inquiries within the U.S. call toll free: 1-800-856-9947 Outside the U.S. call collect: (312) 935-3658 |  WORLDWIDE TRAVEL ASSISTANCE Services available for business and personal travel. For inquiries within the U.S. call toll free: 1-800-856-9947 Outside the U.S. call collect: (312) 935-3658 |
|---|---|

Additional Highlights

Amplifon Hearing Discount

Program Benefits Include:

Custom hearing solutions – we find the solution that best fits your lifestyle and your budget from one of our 10 manufacturers.

Risk-free 60-day trial – 100 percent money-back guarantee on hearing aid purchase.

Hearing aid low price guarantee – if you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5 percent.

Continuous Care – one-year free follow-up, two years of free batteries and a three-year warranty

Accessing Your Benefits is as Easy as:

1. Call Amplifon at 1-888-534-1747 and a Patient Care Advocate will assist you in finding a hearing care provider near you.
2. Our advocate will explain the Amplifon process, request your mailing information and assist you in making an appointment with a hearing care provider.
3. Amplifon will send information to you and the hearing care provider. This will ensure your Amplifon discounts are activated.

To learn more, visit: amplifonusa.com/mutualofomaha



Keep this card for future access to:

- Discounted hearing testing
- Low price guarantee
- 60-day risk-free trial period
- 2 years batteries with purchase

To activate your benefit, call
1-888-534-1747 today!



Special money-saving offer!

Call today for your FREE hearing screening appointment!
Please bring this offer with you to your appointment.

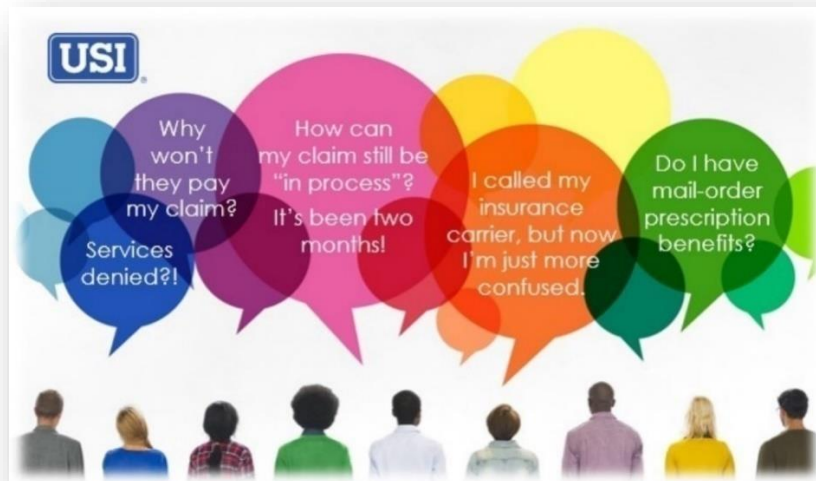
Call 1-888-534-1747 Today!

This is not a medical exam and is only intended to assist
with amplification selection.

Benefit Resource Center

Contact the USI Benefit Resource Center (BRC) for free, confidential help on any of your benefits through Bailey's. They can also be an advocate for you on issues such as claim questions and help with writing an appeal.

- ▶ Benefit plan and policy questions
- ▶ Claim questions or issues
- ▶ Transition of care when changing carriers
- ▶ Medicare basics
- ▶ Assistance with filing an appeal
- ▶ Call 855-874-0742 or email BRCMT@usi.com Monday through Friday 9:00 am to 6:00 pm CST.



Legal Notices

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE - FEDERAL

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

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a voluntary wellness program are available to all employees. Employees who choose to participate in the wellness program will receive an annual premium incentive \$468 for participating in certain health-related activities (preventive exams with physician, dentist and participation in a wellness campaign or volunteering).

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Joyce Hagensick in HR and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

PATIENT PROTECTION MODEL DISCLOSURE

Bailey Nurseries 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 information on how to select a primary care provider, and for a list of the participating primary care providers, contact the UnitedHealthcare of Kaiser at contact information provided in this guide.

You do not need prior authorization from Bailey Nurseries or UnitedHealthcare 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 the UnitedHealthcare or Kaiser at the contact information provided in this guide.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the

person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Joyce Hagensick
1325 Bailey Road
St. Paul, Minnesota United States 55119
651-768-3327
joyce.hagensick@baileynursery.com

OMB 0938-0990

Important Notice from Bailey Nurseries, Inc. 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 Bailey Nurseries 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. Bailey Nurseries has determined that the prescription drug coverage offered by the UnitedHealthcare or Kaiser plans are, 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 15th to December 7th.

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 Bailey Nurseries coverage will not be affected.

Current prescription drug coverage is:

1. \$500 Deductible Plan

UnitedHealthcare:

Retail – 31-Day Supply - \$12 for generic drugs; \$35 for preferred brand and \$60 for non-preferred brand.

Retail/Mail-Order – 90-Day Supply - \$24 for generic drugs; \$70 for preferred brand and \$120 for non-preferred brand.

2. \$2500 High-Deductible Health Plan

UnitedHealthcare:

Retail – 31-Day Supply - \$10 for generic drugs; \$40 for preferred brand and \$60 for non-preferred brand.

Retail/Mail-Order – 90-Day Supply - \$20 for generic drugs; \$80 for preferred brand and \$120 for non-preferred brand.

3. Kaiser \$500 Deductible Plan

Retail – 31-Day Supply - \$20 for generic drugs; \$40 for preferred brand and \$60 for non-preferred brand.

Retail/Mail-Order – 90-Day Supply - \$40 for generic drugs; \$80 for preferred brand and \$120 for non-preferred brand.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Bailey Nurseries 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 This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Bailey Nurseries changes. You also may request a copy of this notice at any time.

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: | October 7, 2022 |
| Name of Entity/Sender: | Bailey Nurseries, Inc. |
| Contact--Position/Office: | Human Resources |
| Address: | 1325 Bailey Road, Newport, MN 55055 |
| Phone Number: | 651-768-3327 |

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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 **1-877-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 **1-866-444-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, 2022. Contact your State for more information on eligibility –

| ALABAMA – Medicaid | CALIFORNIA – Medicaid |
|---|---|
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov |
| ALASKA – Medicaid | COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) |
| The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx | Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442 |
| ARKANSAS – Medicaid | FLORIDA – Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html Phone: 1-877-357-3268 |

| | |
|--|---|
| <p align="center">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p> | <p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p> |
| <p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p> | <p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p> |
| <p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p> | <p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> |
| <p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p> | <p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p> |
| <p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p> | <p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p> |
| <p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p> | <p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p> |

| | |
|--|--|
| <p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p> | <p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPPA program: 1-800-852-3345 ext 5218</p> |
| <p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710</p> | <p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p> |
| <p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p> | <p>TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p> |
| <p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p> | <p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p> |
| <p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p> | <p>VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p> |
| <p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p> | <p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p> |
| <p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p> | <p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p> |
| <p>PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p> | <p>WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPPA (1-855-699-8447)</p> |
| <p>RHODE ISLAND – Medicaid and CHIP</p> | <p>WISCONSIN – Medicaid and CHIP</p> |

| | |
|---|---|
| Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line) | Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 |
| SOUTH CAROLINA – Medicaid | WYOMING – Medicaid |
| Website: https://www.scdhhs.gov Phone: 1-888-549-0820 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately 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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | |
|---|--|----------------------|
| 3. Employer name Bailey Nurseries | 4. Employer Identification Number (EIN) 41-0910672 | |
| 5. Employer address 1325 Bailey Road | 6. Employer phone number 651-768-3327 | |
| 7. City Newport | 8. State MN | 9. ZIP code 55055 |
| 10. Who can we contact about employee health coverage at this job? Joyce Hagensick | | |
| 11. Phone number (if different from above) | 12. Email address Joyce.hagensick@baileynursery.com | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible ☐ employees are:

Some employees. Eligible ☒ employees are:

- Full Time
- Regularly scheduled for 30 or more hours weekly

- With respect to dependents:

We do offer coverage ☒ Eligible dependents are:

- Covered employee's current legal spouse
- Covered employee's natural/legally adopted children under the age of 26

We do not offer coverage ☐.

If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

* An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

SUMMARY ANNUAL REPORT'S

For BAILEY NURSERIES, INC. HEALTH AND WELFARE PLAN

This is a summary of the annual report of the BAILEY NURSERIES, INC. HEALTH AND WELFARE PLAN, EIN 41-0910672, Plan No. 555, for period 01/01/2021 through 12/31/2021. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BAILEY NURSERIES, INC. has committed itself to pay certain self-funded Medical claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST, MUTUAL OF OMAHA INSURANCE COMPANY, NATIONAL GUARDIAN LIFE INSURANCE COMPANY, and UNITED OF OMAHA LIFE INSURANCE COMPANY to pay Medical, Vision, Life Insurance, Long-term Disability and Accidental Death and Dismemberment, and Employee Assistance Program claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2021 were \$735,177.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of BAILEY NURSERIES, INC. at 1325 BAILEY ROAD, NEWPORT, MN, 55055 or by telephone at 651-459-9744.

You also have the legally protected right to examine the annual report at the main office of the plan (BAILEY NURSERIES, INC., 1325 BAILEY ROAD, NEWPORT, MN, 55055) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.