



THE BIG BOOK of Benefits

Everything you need to know to choose plans that are right for you and make the most of them all year round.

**MAKE it
YOURS**
CHOOSE BENEFITS
THAT ARE RIGHT
FOR YOU
OCT 28
- NOV 8



At Rich's, we treat each other like family. We work hard to make sure our benefits deliver the best combination of care, flexibility and value we can find. It's important to us you and your family feel confident you'll be taken care of.

This guide is packed with **tips and resources** to help you choose the right plans for you and make the most of them throughout the year ahead.

Want to talk?

As well as online tools and resources, you can also speak to an **Alight Customer Care Representative**.

They can help with translation, enroll you into benefits over the phone and answer any other questions you have.

**Call : 1 (800) 455-2587
Option #1
Available Monday – Friday
8am-9pm ET**

Quick links?



Want to compare the plans?

This interactive tool will help you. Available from October, 14.
PASSWORD SENT SEPARATELY.



Need more detail?

For more general information about our plans and your options.



Ready to enroll?

Great! Head to our benefits portal.

On the next pages you'll find...

Pages 3-4	The buzz. What's new for 2025.
Page 5	The inside track. Make the most of your benefits choices. Tips to make Open Enrollment easier.
Pages 6-9	Who's included? Don't miss out on coverage for your family.
Pages 10-23	Customize your Rich's benefits for you and your family: <ul style="list-style-type: none"> • Supporting your health: Choose medical, dental and vision plans, and use the spending accounts to keep in control of your costs. • Protecting and planning for life's unexpected turns: Protect your income if you're unable to work, or if you're saving for health care expenses. We even offer options to insure your pets. • Championing you to live well: Boost your wellbeing while saving money on your monthly medical plan costs.
Pages 24-31	Benefits stories: Benefits inspiration from people like you.
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THE BUZZ. WHAT'S NEW FOR 2025

Healthcare costs are going up – here's what you need to know

We're always looking for the best options at the best prices, and we've been able to keep our healthcare costs level for several years. But for 2025, health insurance rates have gone up significantly across the country. **Although Rich's will absorb most of the cost increase, you may see that paycheck contributions will go up for most plans next year.**

That's why it's important to fully understand your choices — and we're here to help. Use the links in this guide to help you pinpoint the right choices for you and your family.

Better resources — We've simplified and streamlined our resources, so it's easier to find your way around and make your best benefit decisions.

Head to richs.makeityoursource.com to discover lots more support, including our interactive pricing tool.



Two medical plans have small changes, but the others will stay the same

You may notice minor changes in our Bronze Plus and Gold plans.

Bronze Plus Plan:

The plan deductible has increased

FROM: \$2,450/\$4,900
TO: \$2,500/\$5,000

The out-of-pocket maximum has changed

FROM: \$3,900/\$7,800
TO: \$4,500/\$9,000 ↑

Gold Plan:

The coinsurance has decreased

FROM: 25%
TO: 20%

The Emergency Room cost has decreased

FROM: \$150 copay + 25% coinsurance
TO: \$150 Copay + 20% coinsurance ↓

Own it!

Enroll between **Monday, October 28 and Friday, November 8**. Remember, if you don't enroll, you won't have medical, dental, vision or spending account coverage through Rich's for 2025.

Now's your chance to customize Rich's benefits for you and your family.

New spending account vendor

SmartChoice takes over our **Flexible Spending Account (FSA) and Health Savings Account (HSA)** as of January 1, 2025. **Look for communications directly from SmartChoice about the change.**

[Go to page 18 to learn more about spending accounts.](#)

Care for your family

If you enroll or participate in our Care@Work program, you can get up to 10 days of **caregiving or backup care** for your family members, including pets. **Learn more at rich.care.com.**

We're still Putting People First

We're committed to providing an exceptional experience for you by **removing barriers and nurturing an inclusive culture**. Coming mid-September: valuable information about **gender-affirming care, family-friendly programs, mental health support**, and more on Enrich Café. **We'll share details as soon as it's live.**



THE INSIDE TRACK. MAKE THE MOST OF YOUR BENEFITS CHOICES

We get it — there's a lot to think about. You might find it easier to break down your Open Enrollment into three steps:

1. Prepare

- **Make time.** Set aside enough time to think about what's changed for you in the past year — and what's coming up.
- **Refresh and rethink.** Expecting to go to **hospital, expand your family** or have another **big life change**? It's time to **refresh your benefits**. Check out our **Benefits Stories** to see how other people like you have made the most of their benefits. [Beginning on page 24.](#)
- **Gather your documents.** For example, adding **new family members** to your coverage? Have their **social security numbers (SSNs)** and **dates of birth (DOB)** handy, for easier enrollment. Run through our [Benefits Checklist](#) to make sure haven't forgotten anything.

2. Select

- **Make your match.** Match what's happening for you in 2025 to the right benefits — remember there are benefits to help you save on auto and home insurance, plus pet and commuting expenses. Don't miss out.
- **Check your costs.** Make sure you're getting the best deal for your situation, with our [interactive pricing tool](#).
- **Double check changes.** Considering **switching medical plans** for 2025? Make sure your **doctors and hospitals** are in the new plan's **network** — and your **prescription drugs** are covered. Find out more [here](#).

3. Elect

- **Go enroll.** Starting Monday, October 28, log on to [benefits.rich.com](#). Use the tools on the site to confirm your choices and learn more about what is offered.
- **Remember! You've got until Friday, November 8 to enroll. If you don't, you and your family won't be covered for medical, dental, vision or spending account coverage through Rich's for 2025.**

Own it!

How much should you pay for your medical plan each month? Use our interactive [cost comparison tool](#) to work out what's best for your budget.



WHO'S INCLUDED?



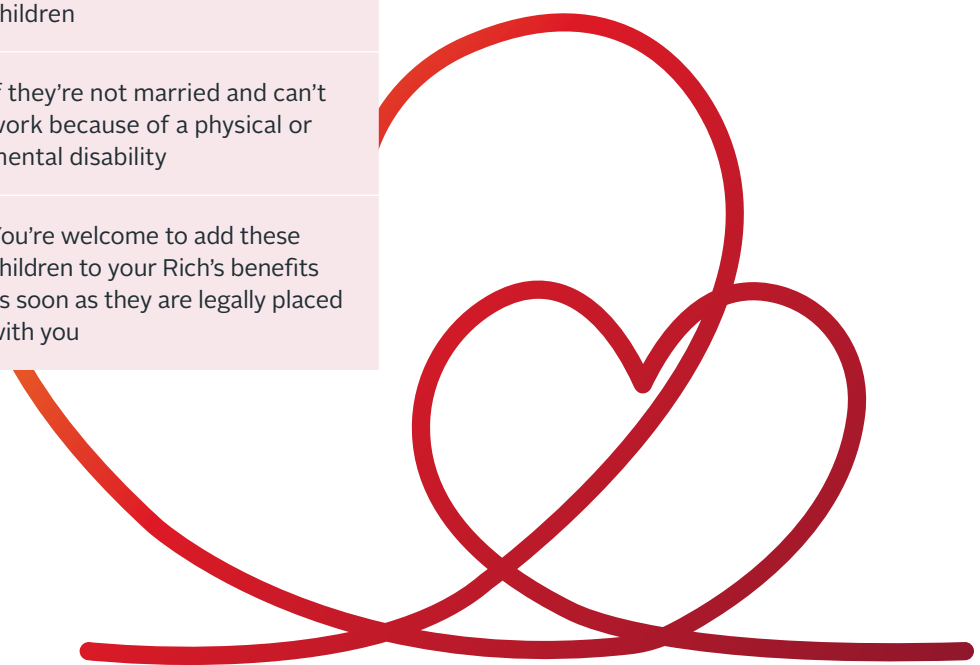
There's nothing more important than your health — and your family's health.

Rich's benefits are flexible you so you can make sure your loved ones are taken care of. **Don't miss out – make sure they're included in your coverage:**

Your spouse	Unless you're legally separated*
Your domestic partner	Someone you live with in the same way as a spouse, but you're not legally married
Your children and stepchildren	Until their 26th birthday, even if they're working, studying, or married
Your domestic partner's children	The same rules as for your own children
Your children aged 26 or over	If they're not married and can't work because of a physical or mental disability
Adopted children and children placed with you for foster care	You're welcome to add these children to your Rich's benefits as soon as they are legally placed with you

**Know it!*

Legally separated is when a married couple gets an official document from a court to say that they're living apart. This is different from a divorce, which means the marriage has ended.



Own it!

- **Gather your documents.** If you're **adding someone new** to your plan, you'll need to provide **proof of eligibility***. Have these ready for enrollment, as you'll receive additional details shortly following enrollment on how to show proof of eligibility.
- **Go enroll.** When you're ready, between **Monday, October 28 and Friday, November 8**, log on to benefits.rich.com. Use the tools on the site to confirm your choices and learn more about what is offered.

*Know it!

Proof of eligibility – A document to prove that a person can be included on your plan, because they're a partner/spouse, child or someone else from the list on the previous page. This could be a birth certificate, marriage certificate, adoption paperwork, or proof of financial interdependence.



WHAT IF SOMETHING CHANGES AFTER OPEN ENROLLMENT?

It's okay. Life happens. Typically, you'll need to wait until the next open enrollment period to make changes to your benefits.

But some changes are different, and you can make those when they happen. Examples include:

- You get married
- You get divorced
- You have or adopt a child
- You or your husband, wife or domestic partner has a change in employment that affects your benefits
- Loss of eligibility from Medicare, Medicaid or CHIP
- Your husband, wife or domestic partner starts or ends a job or benefits plan
- Your children (including your domestic partner's children) reach the age of 26).

Know it!

If you're adding a domestic partner or their child(ren) from your coverage, these rules might be different. Look for additional details in the mail from Alight to get your questions answered.

Own it!

Don't miss the **30-day deadline**. If one of these changes — sometimes referred to as life events — happens, you need to **let Alight know within 30 days**.





**Yes, one of those things has happened.
What do I need to do?**

- Log onto benefits.rich.com within 30 days of the change.
- Follow the instructions for **making changes to your benefits**.
- If you've **gotten married, experienced a loss of coverage, or adopted or had a child**, you'll be asked to show documentation about this. Alight will let you know what documents you'll need.

Own it!

Adding children or pets to your family? We've got benefits for both! Browse this guide for more info.

CUSTOMIZE YOUR BENEFITS FOR YOU AND YOUR FAMILY



Supporting your health: Choose medical, dental and vision plans, and use the spending accounts to keep in control of your costs.



Protecting and planning for life's unexpected turns: Protect your income if you're unable to work, or if you're saving for health care expenses. We even offer options to insure your pets.



Championing you to live well: Boost your wellbeing while saving money on your monthly medical plan costs.

Own it!

You need to actively enroll in:

- Medical
- Dental
- Vision
- Spending accounts (HSA/FSA)

All other benefits elections are passive. This means enrollment is not required each year to keep them. We do recommend reviewing all current benefit elections and making updates.

Let's look in more detail...



SUPPORTING YOUR HEALTH

Know it!

Here's a quick guide to some of the words and phrases used in this guide.

Medical, dental and vision plans are the foundation of your healthcare needs — while spending accounts keep you in control of your costs.

Paycheck contribution

The amount you pay towards your benefits that comes out of each paycheck. You can choose to pay a higher premium, which means less out-of-pocket at the time of service, or pay a smaller premium out of your paycheck, which means a higher out-of-pocket amount at the time of service.

Deductible

The amount you pay for covered health care services before your insurance plan starts to pay. How it works depends on the plan you choose.

Spending account options

An account you put money into to pay for approved healthcare expenses. You don't pay tax on this money — it comes out of your pay on a pre-tax basis, and as long as it's used for qualified expenses, the funds will remain tax-free.



Medical plan options

Our range of plans is designed to give you the flexibility to choose what's right for you and your family. Here's a high-level comparison of what you can expect with each plan:

Plan	Your paycheck contribution	Your deductible	Spending account options
Bronze	Lowest	Highest	Health Savings Account (HSA)
Bronze Plus	Lowest	Highest	Health Savings Account (HSA)
Silver	Medium	Medium	Flexible Spending Account (FSA)
Gold	Highest	Lowest	Flexible Spending Account (FSA)
Platinum	Highest	N/A	Flexible Spending Account (FSA)



Curious about other medical plan features?

Here's another way of comparing medical plans by focusing on key benefit provisions:

Medical Plan	Bronze	Bronze Plus	Silver	Gold	Platinum*
Plan Style	HDHP with HSA	HDHP with HSA	PPO	PPO	PPO with limited OON benefits
Paycheck contributions	\$	\$	\$\$	\$\$\$	\$\$\$\$
Deductible In-Network Traditional or True Family	\$3,300/\$6,600 Traditional	\$2,500/\$5,000 True Family	\$1,000/\$2,000 Traditional	\$800/\$1,600 Traditional	N/A Traditional
Annual OOP Max In-Network Traditional or True Family	\$6,400/\$12,800 Traditional	\$4,500/\$9,000 True Family	\$5,300/\$10,600 Traditional	\$3,600/\$7,200 Traditional	\$1,600/\$3,200 Traditional
In-Network Benefits					
Preventive Care	Covered at 100% (no deductible)	Covered at 100% (no deductible)	Covered at 100% (no deductible)	Covered at 100% (no deductible)	Covered at 100%
Office Visit	25% after deductible	25% after deductible	30% after deductible	\$25 PCP/\$40 Specialist	\$25 PCP/\$40 Specialist
Emergency Room	25% after deductible	25% after deductible	30% after deductible	\$150 copay then 20% after deductible	\$200 copay
Urgent Care	25% after deductible	25% after deductible	30% after deductible	\$40 copay	\$25 copay
Inpatient Hospital Care	25% after deductible	25% after deductible	30% after deductible	20% after deductible	\$350 copay
Outpatient Care	25% after deductible	25% after deductible	30% after deductible	20% after deductible	\$100 surgical copay, otherwise covered at 100%

Prescription Drug Coverage | 30-Day Retail Supply Listed Below, 90-Day Mail Order Also Available**

Inpatient Hospital Care	25% after deductible	25% after deductible	30% after deductible	20% after deductible	\$350 copay
Outpatient Care	25% after deductible	25% after deductible	30% after deductible	20% after deductible	\$100 surgical copay, otherwise covered at 100%
Preventive Drugs	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0
Tier 1	25% after deductible	25% after deductible	\$12 copay	\$10 copay	\$8 copay
Tier 2	25% after deductible	25% after deductible	\$50 copay	\$40 copay	\$30 copay
Tier 3	25% after deductible	25% after deductible	\$70 copay	\$60 copay	\$50 copay
Carrier Choices	Aetna, Highmark BCBS, Cigna, Dean/Prevea360, Geisinger, Health Net, Kaiser Permanente, Medical Mutual, Priority Health, United Healthcare, UPMC				

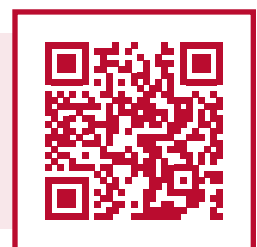
*Depending on location, Platinum is an HMO option that covers in-network care only; California design vary slightly due to state requirements.

** Drugs are determined by each insurance carrier or pharmacy benefit manager.

For complete details,
go to the Make it Yours portal:
richs.makeityoursource.com

Live in California?

Your options will be different, depending on the insurance carrier you choose. Take a look:



HMO or PPO?

Health maintenance organization (HMO) and preferred provider organization (PPO) plans are two of the most common types of health insurance plans.

But what's the difference?

HMOs have a network of doctors, hospitals and other healthcare providers. They tend to be more cost-effective but restrictive — for example, they don't allow care out of their network except in an emergency.

PPOs give you the freedom to receive treatment from any healthcare provider — but that flexibility typically comes with a higher cost.

Know it!

If you enroll in the Bronze or Bronze Plus plans, Rich's provides critical illness coverage at no cost to you. Critical illness provides paid benefits to you or your covered family members if treated for a major medical event (such as a heart attack or stroke) or diagnosed with a covered critical illness (such as cancer or end-stage kidney disease).



Dental

Looking after your mouth and teeth is important for your overall health and wellbeing — but choose the cover that’s right for you and your family. For example, if you don’t need orthodontic care (braces) or major work, bronze coverage may be all you need.

Own it!
Browse the information on the Make it Yours site richs.makeityoursource.com to understand all the options.

Benefits Overview – Dental Plan Designs

	Bronze	Silver	Gold	Platinum*
Annual Deductible & Plan Limits				
Annual Deductible	\$100/\$300	\$100/\$300	\$50/\$150	None
Annual Maximum	\$1,000 per person	\$1,500 per person	\$2,500 per person	None
Orthodontia Lifetime Maximum	Not covered	\$1,500 per child	\$2,000 per child	Varies by carrier
In-Network Benefits				
Preventive Care	100% covered (No deductible)	100% covered (No deductible)	100% covered (No deductible)	Varies by carrier
Minor Restorative Care	20% after deductible	20% after deductible	20% after deductible	Varies by carrier
Major Restorative Care	Not covered	40% after deductible	20% after deductible	Varies by carrier
Orthodontia	Not covered	You pay 50%; no deductible (to age 19 only)	You pay 50%; no deductible (children and adult coverage)	Varies by carrier
Carrier Choices	Aetna, Cigna, Delta Dental, Metlife, United Healthcare			

*Platinum dental plans may not be available in all areas, platinum dental plans have limited networks and cover only in-network benefits.



Vision

Your eyes are sometimes described as ‘a window to your health’. Opticians do more than take care of your eyesight — regular eye exams can reveal the early signs of many general health problems too.

Benefits Overview — Vision Plan Designs

	Bronze	Silver	Gold
Routine Vision Exam (once per plan year)	Covered at 100%	You pay \$20	You pay \$10
Frames (once per plan year)	Discounts may apply	\$130 allowance*	\$200 allowance*
Lenses (Single vision, bifocal, trifocal, lenticular, standard progressive)	Discounts may apply	You pay \$20	You pay \$10
Contact lenses Medically Necessary Elective Fit and Evaluation	Not covered Not covered Discounts may apply	You pay \$20 \$130 allowance* You pay \$20	You pay \$10 \$130 allowance* You pay \$10
Various Lens Enhancements	Discounts may apply	Copay vary from \$15 - \$45	Copay vary from \$15 - \$45
Laser Surgery	15% off regular price or 5% off promotional price		
Carrier Choices	EyeMed, VSP, Metlife, United Healthcare		

*Allowance to be used for frames or elective contact lenses, but not both.



Spending accounts options

Are you financially prepared for life's twists and turns? An emergency fund can help pay for unexpected costs, and help you keep your finances steady.

Saving for healthcare and childcare expenses regularly means you don't have to worry when these costs hit. And since the money is taken out of your paycheck pre-tax, there's a financial benefit too, by lowering your taxable income.

Head to richs.makeityoursource.com to delve into more detail – but here's a headline comparison.

Spending account type	Who pays into the account?	Rolls over each year	Types of expenses for which funds are available	Medical plan requirements
Health Savings Account (HSA)	You and Rich's Wellbeing Program	Yes	Out-of-pocket qualified healthcare expenses	Bronze or Bronze Plus
Flexible Spending Account (FSA)	You	Yes; \$640 only for this year. Does not carry from year-to-year. This is a healthcare FSA only and not a Dependent Care FSA	Out-of-pocket qualified healthcare/dependent care expenses	All medical plans

Know it!

Out-of-pocket expenses: The money you spend on medical care that you don't get back through insurance.

Qualified expenses: Approved costs such as medication or visits to the doctor.

PROTECTING AND PLANNING FOR LIFE'S UNEXPECTED TURNS

While we know about some life changes in advance, others come as more of a surprise. That's why we include a range of ways to protect you, your family and your lifestyle from the twists and turns that can happen at any time.

Income protection

If you can't work because of injury or illness, worrying about your financial situation is an extra stress you don't need. These options take away the financial pressure, so that you can focus on getting better.

Disability insurance

For qualified non-work-related injuries or illnesses keeping you off the job, here's how disability coverage works.

Short-term disability: kicks in when you need to be off work for more than seven days.

Long-term disability: for periods of absence greater than 26 weeks.

Custom associate?

Some Custom associates will receive different short-term or long-term disability benefits based on their collective bargaining agreement or the law of the state they work in.

Live in a location with paid leave?

If you live in certain locations, you may qualify for paid leave through your state or municipality. **To learn more, look out for our new Enrich Café page Leave of Absence & Accommodations.**





Health Supplement insurance

Gives you extra cash if you or a covered family member has a critical illness diagnosis, is hospitalized for an accident or sickness, or is injured in an accident.

Critical Illness insurance

Kicks in if you or a covered family member is treated for a major medical event (such as a heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease).

Associates enrolled in either the Bronze or Bronze Plus coverage level will be automatically given \$5,000 of company-paid critical illness insurance. Your spouse and children will each have \$2,500 coverage. If you choose a different medical plan, you can choose to buy this coverage separately.

Life insurance and Accidental Death & Dismemberment (AD&D) coverage

Protects your family financially in the event of your death or a tragic accident.

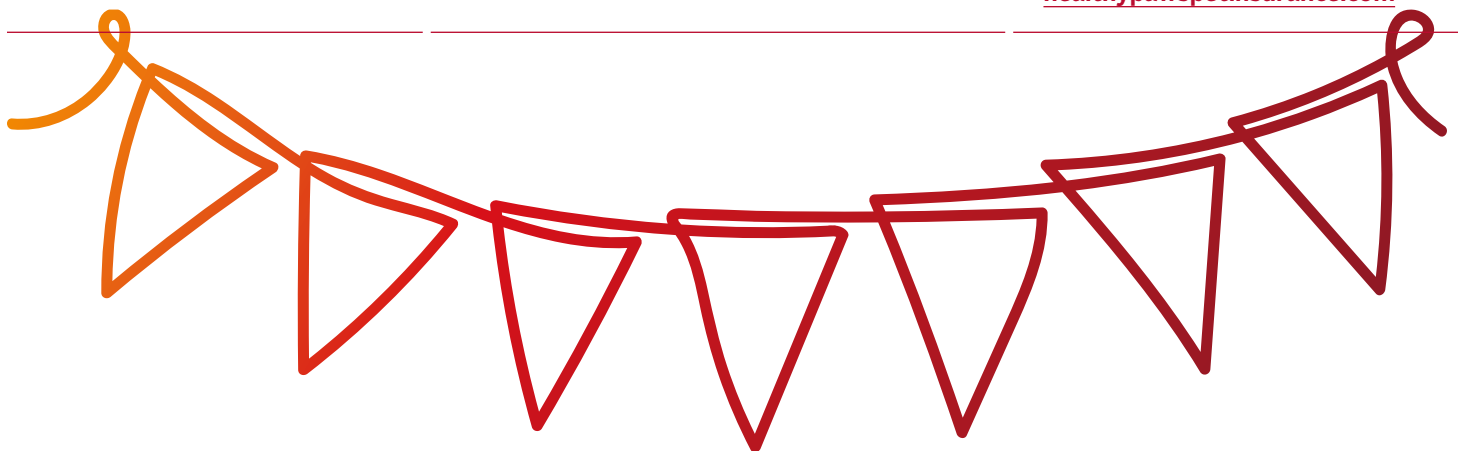
Rich's automatically provides all associates with basic life insurance. Some associates also qualify for **free, basic AD&D coverage**.

You can also choose to take out **extra life insurance and/or AD&D coverage** for yourself and/or your family members. By enrolling in these benefits, you will then be eligible for will and estate planning services, which offer **support with legal and financial issues when someone dies**.

Other types of protection

Through our group insurance coverage, we're passing along **great rates** on home and auto insurance, protection against identity theft, legal services, access to caregivers, and even pet insurance for your furry family.

Insurance or coverage option	What's in it for you	Where to learn more
Legal services	Get legal advice from a network of attorneys to help you with your will, real estate matters, tax audits and more. Legal services is a voluntary benefit plan administered by MetLife Legal Plans. The plan covers associates and eligible family members	Make it Yours Richs.makeityoursource.com
Care@Work	Help to find caregivers for your whole family, including your child, parents, grandparents, and/or pets.	Care@Work Care.com
Commuter benefits	Save on transportation to and from work by buying subway cards, parking garage permits and more with pretax dollars from your paycheck.	Rich's enrollment site benefits.rich.com
Home and auto insurance	Special group rates and policy discounts on several types of insurance , including auto, home, renters , and more. Choose from a variety of carriers.	Rich's enrollment site benefits.rich.com
Identity theft protection	With 24/7 monitoring of your personal and financial information . Covers associates and eligible family members. A voluntary benefit administered by Allstate Identity Protection.	Make it Yours Richs.makeityoursource.com
Pet insurance	Helps you pay expenses for a wide range of services for your sick or injured dog or cat . Pet insurance is a voluntary benefit administered by Healthy Paws.	Rich's enrollment site benefits.rich.com Enroll: Healthy Paws healthypawspetinsurance.com



CHAMPIONING YOU TO LIVE LIFE WELL, EVERY DAY.



Supporting your wellbeing is a vital part of good health and important to Rich's.

Rich's offers wellbeing benefits to support challenges that may come into all our lives.

Plus you can **save money on your medical plans** by committing to healthy habits through our Rich's **Wellbeing Program**.

Let's look at what's available...

We'll pay you for taking part in our wellbeing program! Here's how.

We want you to hit your wellbeing goals. So, how's this for an incentive?

Earn wellness credits and we'll put money back in your paycheck to lower your medical plan contribution.

Lower your medical contribution just for participating!

If **you and your spouse/partner** (you need to be enrolled in a Rich's medical plan) earn 10,000 points, you'll get **up to \$900 in medical contribution savings** for 2025. The deadline to earn points is November 30, 2024.

New to Rich's medical plan coverage? We'll cut you some incentive slack. Enroll in a Rich's medical plan between **March 1, 2024, and December 31, 2024**, and you and your covered spouse/partner will automatically be awarded **wellness credits for 2025**.

Look out for more information about wellbeing coming soon.



Own it!

Rich's Wellbeing Program, offered through Virgin Pulse, can help you reach your wellbeing goals. Discover more and join at our portal: join.virginpulse.com/RichProducts.

Confidential Assistance Program (CAP)

Free and confidential **support and advice** to help you manage **stress, relationships, and legal and financial issues**, 24 hours a day, seven days a week.

Available to you, all members of your household and your adult children until their 26th birthday, no matter what medical choices you make with Rich's.

Here's how to use it:

- Call: **1 (866) 317-8940**
- OR
- Go to: www.resourcesforliving.com.
Username: RICHSCAP | Password: CAP

In your corner for complex medical situations

Free for all associates enrolled in a Rich's medical plan, our **advocacy program** offers support for **managing difficult medical and health insurance issues**. Health Pro® consultants help provide peace of mind, education, moral support and issue resolution for associates and their families who are struggling with complicated benefits questions.

Here's how to use it:

- Get started at AlightHealthPro@alight.com
- OR
- Call **1 (800) 455-2587** and press **1** to reach an Alight representative. The representative will connect you with the right Health Pro.

Expert Second Opinion with 2nd.MD

Get a virtual second opinion from board-certified doctors. Available free for associates and family members enrolled in a Rich's medical plan.

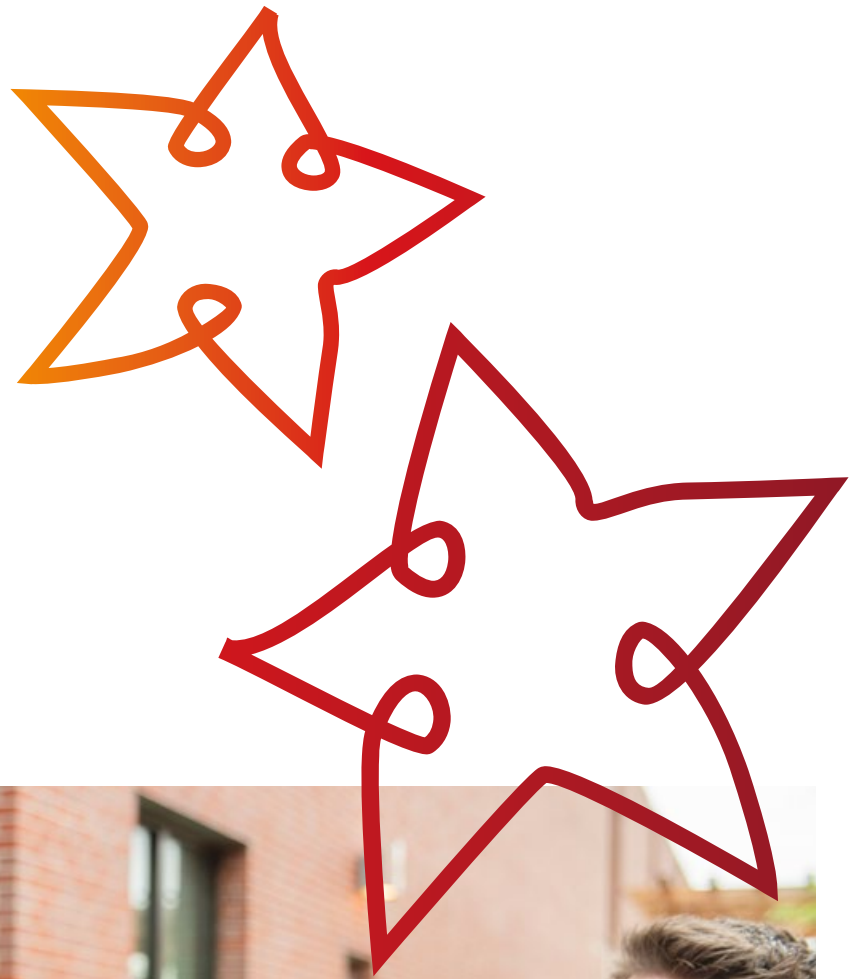
To get started, simply visit [2nd.MD](https://2nd.md) or call 1 (866) 887-0712.



BENEFITS STORIES

**Rich's provides the benefits,
but it's on you to make them yours.**

To help you think about this we've developed a few example scenarios to show how our benefits can be customized to support everyone – irrespective of lifestyle, life-stage, and life-priorities.








MEET KENNETH

This 26-year-old cake decorator at the New Britain plant is new to Rich's employee benefits. Until now, he's been covered under his parents' benefits but now Kenneth has turned 26, he'll need to move to Rich's employer-sponsored benefits.

When he's not decorating cakes, you'll find Kenneth skateboarding down at his local park. But all those 180s, flips — and the occasional wipeout — has taken a toll on Kenneth's knees. He's got a torn ACL and he's planning to have knee surgery in 2025.

Taking time off from the ramps, Kenneth reviewed Rich's benefits. Here's what he chose.

KENNETH'S WISH LIST 	THE BENEFITS KENNETH CHOSE 	WHY IT MAKES SENSE 
LOWER MEDICAL PLAN PAYCHECK CONTRIBUTIONS	Rich's Wellbeing Program	Taking part in the program lowered the amount Kenneth pays for his healthcare each month. He also found out he's at risk for diabetes — and what to do about it.
GETTING PAID IF HOSPITALIZED	Health Supplement insurance	After Kenneth did some research, he learned it's possible to offset some out-of-pocket hospital expenses with this voluntary coverage. In fact, Kenneth will get paid while in the hospital for knee surgery, lowering the cost of his hospital out-of-pocket expenses.
GETTING PAID IF INJURED WHILE NOT AT WORK	Accidental Death & Dismemberment coverage	Kenneth recognized skateboarding can increase his risk of injury. Just to be cautious, he elected AD&D coverage which would pay him for qualified injuries.
SAVING PRE-TAX PAYROLL DOLLARS FOR CARE EXPENSES	Flexible Spending Account (FSA)	Kenneth wanted to put away some pre-tax payroll funds into a spending account to use to cover his deductible when he has knee surgery next year. Then, when he gets the out-of-pocket bill from the hospital, he'll have a fund to cover it.






MEET CLAIRE

A 33-year-old administrative professional working at WHQ in Buffalo, 2025 is going to be a big year for Claire: she's expecting twins!

It comes as no surprise that planning for newborns is top of mind for Claire during Open Enrollment this year.

Knowing she'll have to meet her deductible and have other out-of-pocket expenses, she's looking for ways to save on medical costs. Claire also wants to revisit her life insurance options to meet the needs of her growing family.




CLAIRE'S WISH LIST 	THE BENEFITS CLAIRE CHOSE 	WHY IT MAKES SENSE 
LOWER MEDICAL PLAN PAYCHECK CONTRIBUTIONS	Rich's Wellbeing Program	Not only did joining the program lower the amount Claire pays for healthcare premium each month, but it also helped her to find out her cholesterol is a little high – and how to improve that score.
GETTING PAID IF HOSPITALIZED	Disability insurance	Claire will be covered under Rich's short-term disability (STD) policy when she has the twins. This means that she'll have partial income protection while she's home recovering and focusing on her new family.
LIFE INSURANCE PROTECTION	Additional Life insurance	Claire added additional life insurance for herself, and will add policies for the twins when they're born so that her family has added protection.
ADDING THE TWINS TO BENEFITS	Medical coverage	Claire's made a note to add the twins to Rich's benefits within 30 days of their birth.
FINDING CHILDCARE	Care.com	Needing childcare for the twins while she works, Claire signed up for Rich's Family Center, our onsite childcare facility, as well as our backup childcare program with Care@Work



MEET JOSE

A 56-year-old Material Handler at the Niles location, Jose has recently made a big life change — he’s adopted his grandson.

Of course, he wants to add his grandson to the Rich’s medical plan. And sensibly, Jose figured it’s a great time to look again at all of his benefits, to help the family make the most of what’s available, now things have changed so much.




JOSE’S WISH LIST 	THE BENEFITS JOSE CHOSE 	WHY IT MAKES SENSE 
LOWER MEDICAL PLAN PAYCHECK CONTRIBUTIONS	Rich’s Wellbeing Program	Not only did joining lower Jose’s premium contribution every month, it also helped him find out his blood pressure is high and can be easily treated.
ADDING HIS GRANDSON TO BENEFITS	Medical, dental, vision coverage	Jose was able to add his grandson to Rich’s benefits once the adoption paperwork was finalized. He let Aight know within 30 days.
PREPARING FOR LIFE	Additional life insurance and accidental death and dismemberment coverage	Jose wanted to do some planning in the event he was unable to work or become seriously ill. He selected both additional life insurance and AD&D coverage for the family.



MEET JORDAN

Jordan is a 44-year-old Logistics Coordinator working for ROAR in logistics. And congratulations are due! Jordan has just married Harold.

They're combining their families and adjusting to wedded bliss. With three children between them, they're looking to review Rich's benefits to meet their blended family's needs.




JORDAN'S WISH LIST 	THE BENEFITS JORDAN'S CHOSE 	WHY IT MAKES SENSE 
ADDING NEW DEPENDENTS TO COVERAGE	Medical, dental, vision	Jordan was already familiar with this one – they knew they could add their new stepchildren and spouse to coverage within 30 days of their marriage, so that was covered.
FAMILY COUNSELING	Confidential Assistance Program (CAP)	Jordan recognized combining families can be complex, so they're going to take full advantage of the five counseling visits to learn more about navigating their new life together.
LOWER MEDICAL PLAN PAYCHECK CONTRIBUTIONS	Rich's Wellbeing Program	By joining the program, Jordan lowered the amount they pay for their healthcare each month. It also helped them to find out they're at risk for heart disease — and how to live in a more heart-healthy way.
WAYS TO FUND OUT-OF-POCKET EXPENSES	Flexible Spending Account (FSA)	Pre-tax contributions to a spending account helped lower Jordan's taxable income, while creating a nest egg to use when unexpected care expenses popped up during the year. The account also comes with a credit card to pay for expenses as they happen.



MEET GARRISON

A 35-year-old, single Case Pack Attendant at the Morristown, TN location, Garrison is a big fan of the great outdoors.

From snowmobiling to hiking with friends in search of new terrain to explore, you'll often see Garrison with his dog, Rusty. And all that fresh air has paid off — Garrison is relatively healthy, with infrequent demand for healthcare. So, it makes sense for him to make the most of Rich's benefits with basic medical coverage and keep more in his paycheck to spend on outdoor gear, Rusty's grooming bills, or to increase his balance on his health savings account (HSA).




GARRISON'S WISH LIST 	THE BENEFITS GARRISON CHOSE 	WHY IT MAKES SENSE 
THE MEDICAL PLAN THAT WORKS BEST FOR HIM	Moved from Gold to Bronze medical plan	Garrison realized he could lower his per paycheck costs and still get great coverage with the Bronze plan. All his preventive care is covered in full, and with his lower premium costs, he can put more money into his HSA.
LOWER MEDICAL PLAN PAYCHECK CONTRIBUTIONS	Rich's Wellbeing Program	Getting involved in the program lowered the amount Garrison pays for his healthcare premiums each month. Plus, it also helped him find out he's at risk for high blood pressure.
WAYS TO FUND OUT-OF-POCKET EXPENSES	Health Savings Account (HSA)	Pre-tax contributions to an HSA helped lower Garrison's taxable income while building a nest egg of savings for use when unexpected care expenses pop up. It even comes with a credit card to pay for expenses as they happen.
COVERAGE FOR INJURIES	Accident Coverage	Last year, Garrison had a friend who broke a leg during their hike and had to be off work for a few months. Garrison wanted to make sure he got paid if something happened to him. So, he enrolled in accident coverage for income protection.
COVERAGE FOR RUSTY'S DOG CARE	Healthy Paws	Garrison knows his dog's vet bills can be costly. He found pet insurance through Healthy Paws.



MEET KELLY

Kelly is a 64-year-old Scientist on the Research, Innovation & Compliance (RIC) team. After a 30-year career with Rich's, Kelly is planning to retire in 2025. Kelly is looking to enroll in plans that offer transitional resources as she navigates moving off Rich's benefits and heading off toward retirement.

The details below are part of our broader support around the Saying Goodbye moment for all associates that are retiring from Rich's.

KELLY'S WISH LIST 	THE BENEFITS KELLY CHOSE 	WHY IT MAKES SENSE 
GUARDING AGAINST CHANGES TO WHAT COUNTS AS TAXABLE INCOME IN RETIREMENT	Silver medical plan	Kelly knew that future Health Savings Account (HSA) contributions could become taxable income as she approaches age 65, so she switched from the Bronze plan to the Silver plan, which is not HSA compatible.
UNDERSTANDING WHAT TO DO AHEAD OF BECOMING ELIGIBLE FOR MEDICARE	Existing HSA	Kelly learned she cannot make new HSA contributions six months ahead of becoming eligible for Medicare. So, she's spending down her existing HSA, because using the funds for qualified medical expenses is always tax-free.
A DENTAL PLAN WITH A HIGHER ANNUAL MAXIMUM	Gold dental plan	Realizing she needs dental work in 2025, Kelly selected the Gold plan instead of the Bronze. The Gold plan has a higher annual maximum and coverage for major services, such as getting her crown replaced.
ESTATE PLANNING FOR RETIREMENT	Legal services	Kelly enrolled in the voluntary legal plan, providing access to creating wills, healthcare proxies and more.
SUPPORT ON TRANSITIONING TO RETIREMENT	Confidential Assistance Program (CAP)	Rich's CAP was automatically available to Kelly, so she's going to make use of her five free counseling sessions.





MEET MONIR

Monir is a recently divorced parent of one working as a Corporate Travel Advisor for The Travel Team.



Since his child has now reached their 26th birthday, they're ineligible for Monir's Rich's benefits. With the changes in his family dynamic, Monir realized he must adjust his benefits.

Since Monir will move to an associate-only status, here are the changes he decided on:

MONIR'S WISH LIST 	THE BENEFITS MONIR CHOSE 	WHY IT MAKES SENSE
LOWER MEDICAL PLAN PAYCHECK CONTRIBUTIONS	Moved from Platinum to Bronze medical plan	Moving to associate-only coverage let Monir revisit all medical plan options in his area.
PLANNING FOR THE FUTURE	Additional Life insurance	Monir wants to ensure his adult child is taken care of, so he added additional life insurance and updated his beneficiary.
MAKING SURE HIS ESTATE IS IN ORDER	Legal services	Monir wanted legal advice on how best to update estate planning and get things in order. This service is tied in with Rich's voluntary legal services benefit and also if he participates in our supplemental life insurance benefit.
SUPPORT FOLLOWING DIVORCE	Confidential Assistance Program (CAP)	Monir was looking for counseling so he's going to take advantage of the five free counseling sessions available to all Rich's associates.

HELP! WHERE DO I GO TO...?

The answers are out there – but with so many tools and resources at your fingertips, we’ve gathered them together into one place, including the quick links you need.

I WANT TO ... 	USE THIS 
Get started! I'm new at Rich's	<u>Make it Yours newly eligible page</u> (Beginning Monday, October 14)
Watch a video to help me understand these topics	<u>Healthcare made simple video library</u> (Beginning Monday, October 14)
Ask about something because I can't find the answer anywhere else	Align Customer Care (Monday-Friday, 8am-9pm ET) CALL: 1 (800) 455-2587 Option #1
Schedule an appointment for a time that suits me, to ask questions – or enroll on the phone	Align Customer Care (Monday-Friday, 8am-9pm ET) CALL: 1 (800) 455-2587 Option #1
Find out the right choices across the range of benefits , for me and my family	<u>Help Me Choose</u> (Beginning Monday, October 28)
Browse my benefits options offline	<u>Make it Yours to go</u> (Beginning Monday, October 14)
Make sure I've got everything I need to enroll	<u>Benefits checklist</u> (Beginning Monday, October 14)
Enroll	<u>Rich's benefits portal</u> (Beginning Monday, October 28)



SUPPORTING YOUR HEALTH

Browse the medical plans available	Your carrier connection (Beginning Monday, October 14)
Compare medical plan prices and shop for the best deal	Interactive cost comparison tool (Beginning Monday, October 14) PASSWORD SENT SEPARATELY.
Look at carrier preview websites to find out more	Your carrier connection (Beginning Monday, October 14)
Make sure the providers I want to use are covered by the carrier I'm choosing	Rich's benefits portal (Beginning Monday, October 28)
Check which carriers cover my prescription drugs	Your carrier connection (Beginning Monday, October 14)
Read more about which medical coverage level is right for me	Make it Yours medical page (Beginning Monday, October 14)
Find out about dental benefits	Make it Yours dental page (Beginning Monday, October 14)
Find out about vision benefits	Make it Yours vision page (Beginning Monday, October 14)
Understand more about spending accounts	Make it Yours (Beginning Monday, October 14)
Get a second opinion	2nd.MD or CALL: 1 (866) 887-0712



PROTECTING AND PLANNING FOR LIFE'S UNEXPECTED TURNS

Save money with **voluntary benefits** (such as **auto and home insurance, pet expenses, commuting expenses**)

[Make it Yours other benefits](#)

Use drop down navigation on left to browse these benefits. (Beginning Monday, October 14)



CHAMPIONING YOU TO LIVE WELL

Find out more about **Rich's Wellbeing Program**

[Rich's Wellbeing Program at Virgin Pulse](#)

Get free and **confidential support for stress, relationships, and legal and financial issues**, 24 hours a day, seven days a week

Confidential Assistance Program (CAP)

CALL: 1 (866) 317-8940

www.resourcesforliving.com

Username: RICHSCAP

Password: CAP

Get support for complex **medical issues and claim questions**

Advocacy from **Alight Customer Care**

(Monday-Friday, 8am-9pm ET)

CALL: 1 (800) 455-2587 Option #1

LEGAL NOTICES AND SUMMARY ANNUAL REPORT

Availability of Summary Health Information

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: <http://benefits.rich.com>. A paper copy is also available, free of charge, by calling the Associate Service Center at 1-800-455-2587 (a toll-free number) and selecting the option to speak with an ALight Representative.

Additionally, information regarding negotiated rates for covered items and services between the plan and in-network providers as well as historical payments to and billed charges from out-of-network providers can be accessed at <https://www.richs.com/wp-content/uploads/2022/06/Carrier-Machine-Readable-File-Links.pdf>.

HIPAA Notices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that you receive the following notices.

Privacy Protections

RICH PRODUCTS CORPORATION HEALTH CARE PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as “protected health information” or “PHI,” includes virtually all individually identifiable health information held by the Plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the following plans: Rich Products Corporation health care plans, which include coverages such as medical, dental, vision, prescription drugs, health care flexible spending account, HRA, Employee Assistance Program (EAP), and mental health and substance abuse programs (collectively, the “Plan”). These coverages are part of plans sometimes referred to as Rich Products Corporation Welfare Benefit Plan, Rich Products Corporation Flexible Benefits Program, wellness programs, and Confidential Assistance Plan. The plans covered by this notice may share health information with each other to carry out Treatment, Payment, or Health Care Operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise. Some of these plans also provide benefits such as dependent care or nonmedical counseling or legal services, which are not health care benefits. The plans providing these benefits are “hybrid entities” and only the part of the plan providing medical benefits is covered

by HIPAA and this privacy notice. Where benefits are provided through insurance, then the privacy notice for that plan will be provided by the applicable insurance company, and this notice will apply only to the extent the insurance company shares protected health information with the Plan.

This notice does not apply to health information that is held by Rich Products Corporation in its role as your employer or health information that has been de-identified. De-identified information is information that does not identify an individual (i.e., you) and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Rich Products Corporation as an employer — that's the way the HIPAA rules work. Different policies may apply to other Rich Products Corporation programs or to data unrelated to the health plan. We must follow the duties and privacy practices described in this notice while it remains in effect. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

How the Plan may use or disclosure your health information

Generally, except for the purposes discussed below, the Plans cannot use or disclose your PHI without your written authorization. Moreover, if you provide authorization to use or disclose your PHI, you have the right to revoke your authorization at any time, except to the extent that the Plan has already relied upon it. To revoke a written authorization, please write to the Plan's Privacy Officer.

The Plans and individuals or entities who the Plans have engaged to assist in its administration (called "business associates") will use PHI, including genetic information, to carry out "treatment," "payment" and "health care operations" (these terms are described below). Neither the Plans, nor the business associates, require your consent or authorization to use or disclose your PHI to carry out these functions. Here are some examples of what that might entail:

- Treatment includes providing, coordinating, or managing health care and related services. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share health information about you with physicians who are treating you.
- Payment includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, coordination of benefits, subrogation, plan reimbursement and billing; as well as "behind the scenes" plan functions such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.
- Health care operations include activities by this Plan (and in limited circumstances other plans or providers), related to quality assessment and improvement activities, customer service, and internal grievance resolution. It includes wellness activities such as disease management, and health coaching. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, creation or renewal of insurance contracts, stop loss (or other excess loss) coverage claims submissions, legal services, business planning and development, business management, and general administrative activities. For example, the Plan may use information about your claims to review the effectiveness of wellness programs.

Business Associates provide business services to the Plans related to transactions with you and the Plans like plan administration, claim processing, or audit services. Examples of third parties include medical insurers, third party administrators, consultants and reinsurance companies. The Plans require business associates to agree, in writing, to maintain the confidentiality of the health information to which they are provided access and to notify us if there is a probable compromise of your Unsecured PHI. If a business associate discloses your health information to a subcontractor or vendor, the business associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information. Under most circumstances, the amount of health information used or disclosed will be limited to the “Minimum Necessary” to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations, as defined under the HIPAA rules. Where practicable, the Plans will limit uses or disclosures to a limited data set. However, the minimum necessary standard will not apply in the following situations:

- disclosures to or requests by a health care provider for treatment purposes;
- uses or disclosures made to you;
- uses or disclosures authorized by you;
- disclosures made to the Secretary;
- uses or disclosures that are required by law; and
- uses or disclosures that are required by the Plans’ compliance with legal requirements.

The Plan can also use and disclose your information to run the plan and can contact you when necessary and to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will not use genetic information to decide whether it will give you coverage or to determine the price of that coverage.

In addition, the Plans may use or disclose information in a limited data set, provided that the Plans enter into a data use agreement with the limited data set recipient that complies with the federal privacy regulations. A limited data set is PHI which excludes certain direct identifiers relating to you and your relatives.

How the Plan may share your health information with Rich Products Corporation

The Plan, its Business Associates, or its health insurer or HMO, may disclose your health information without your written authorization to certain employees of Rich Products Corporation for plan administration purposes. Rich Products Corporation may need your health information to administer benefits under the Plan. Rich Products Corporation agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Members of Associate Services, site Human Resources, Payroll and Finance are the only Rich Products Corporation associates who are specifically authorized and will have access to your health information for plan administration functions. These individuals receive training to ensure that they will protect the privacy of your health information and that it is used only as described in this notice or as permitted by law. Here’s how additional information may be shared between the Plan and Rich Products Corporation, as allowed under the HIPAA rules:

- The Plan, or its Insurer or HMO, may disclose “summary health information” to Rich Products Corporation if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, but from which names and other identifying information has been removed. Nonetheless, the Plans cannot use or disclose genetic information for underwriting purposes.

- The Plan, or its Insurer or HMO, may disclose to Rich Products Corporation information on whether an individual is participating in the Plan, or has enrolled or disenrolled in an insurance option or HMO offered by the Plan, to allow for payroll processing of premium payments.

Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plans to any other Rich's employee or department, and (2) will not be used by Rich's for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by Rich Products Corporation. However, health information collected by Rich Products Corporation from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made, for example if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative, or in certain situations required by law

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws.
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody.
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects.
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk).

Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information).
Law enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process, or to identify a suspect, fugitive, witness, or missing person; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan's premises. Also, for disclosing information about you if you are suspected of being a victim of a crime, but only if you agree to the disclosure or the Plans are unable to obtain your agreement because of incapacity or emergency circumstances.
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties.
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death.
Research purposes	Disclosures when the individual identifiers have been removed, or subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project.
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws.
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates.
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule.

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization. The Plans will not disclose any of your health information for marketing purposes if the Plans will receive direct or indirect financial remuneration not reasonably related to the Plans' cost of making the communication. The Plans will not sell your PHI to third parties.

The sale of PHI, however, does not include a disclosure for public health purposes, for research purposes where the Plans will only receive remuneration for our costs to prepare and transmit the health information, for treatment and payment purposes, for sale, transfer, merger or consolidation of all or part of the Plans, for a business associate or its subcontractor to perform health care functions on the Plans' behalf, or for other purposes as required and permitted by law.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization if the Plan has taken action relying on it. In other words, you can't revoke your authorization with respect to disclosures the Plan has already made.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for Treatment, Payment, or Health Care Operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. And if the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

Requests for restrictions and to receive communications by alternative means or at alternative locations should be made in writing to Rich Products Corporation, Associate Services Center, One Robert Rich Way, Buffalo, NY 14213. You or your personal representative may be required to complete a form to request restrictions on uses and disclosures of your PHI, or may be provided with additional instructions when such a request is made.

You have the right to request that your provider not disclose health information to a health plan if you have paid for the service in -full, and the disclosure is not otherwise required by law. The request for restriction to the Plans will only be applicable to that particular service. You will have to request a restriction for each service thereafter from your provider. You should contact your health care provider to make such a request.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you. We will consider all reasonable requests, but are only obligated to grant the request if you state our denial of the request would endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health and claims records and other health information we have about you. Your request for health information in a “Designated Record Set” may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings, or information subject to the Clinical Laboratory Improvement Amendments of 1988 (to the extent that providing access to that information would be prohibited by law), and information which is exempt from those Amendments. Information used for quality control or peer review analyses and not used to make decisions about individuals is not considered part of a designated record set.

In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise review rights with respect to the denial, and a description of how you may complain to the Secretary.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible onsite), the Plan will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable cost-based fees for copies or postage.

If the Plan doesn’t maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

You or your personal representative may be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the contacts listed above in the section titled Right to request restrictions on certain uses and disclosures of your health information and the Plan’s right to refuse.

Right to choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Genetic Information Nondiscrimination Act (GINA)

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a Designated Record Set that is inaccurate or incomplete for as long as the PHI is maintained in the designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

The Plans have 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. If the request is denied in whole or part, the Plans must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosure of your PHI.

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Requests to amend PHI should be made to the contacts listed above in the section titled Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse. You or your personal representative may be required to complete a form to request amendment of the PHI in your designated record set.

Within 60 days of receipt of your request, the Plan will:

- Make the amendment as requested;
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures the Plan or its Business Associates have made of your health information. This is often referred to as an “accounting of disclosures”. You generally may receive an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information going back for six (6) years from the date of your request (or three years prior to the date of your request for “Electronic Health Records,” as defined in HITECH), but not earlier than April 14, 2003 (the general date that the HIPAA privacy rules are effective). You do not have a right to receive an accounting of any disclosures made:

- For Treatment, Payment, or Health Care Operations (except in the case of disclosures that involve “Electronic Health Records,” as defined in HITECH);
- To you about your own health information;
- Incidental to other permitted or required disclosures;
- Where authorization was provided;
- To family members or friends involved in your care (where disclosure is permitted without authorization);
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- As part of a “limited data set” (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.

The Right to Receive Notification in the Event of a Breach

You have the right to be notified if there is a probable compromise of your Unsecured PHI within sixty (60) days of the discovery of the breach. The notice will include:

- a brief description of what happened, including the date of the breach and the discovery of the breach;
- a description of the type of Unsecured PHI that was involved in the breach;
- any steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches; and
- contact procedures to answer your questions.

Personal Representatives

An individual may exercise his/her rights under this notice through a personal representative. If you have a personal representative, he/she will, unless otherwise allowed by law, be required to produce evidence of his/her authority to act on your behalf before he/she will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as your conservator or guardian; or
- proof that the representative is your parent (if you are a minor child).

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time. You may obtain a copy of this notice on the Plans' enrollment website: www.myrichs.com or you may request a paper copy by contacting the Associate Services Center at 1-800-455-2587. The address for written correspondence is: Rich Products Corporation, Associate Services Center, One Robert Rich Way, Buffalo, NY 14213.

Changes to the information in this notice

The Plan must abide by the terms of the Privacy Notice currently in effect. However, the Plan reserves the right to change the terms of its privacy policies as described in this notice at any time, and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. In the event of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in this notice, a revised version of this notice will be posted to the Plan's website by the effective date of the material change, and a hard copy of the revised notice (or information about the material change and how to obtain the revised notice) will be provided in the Plan's next annual mailing. Alternatively, a revised copy may be distributed within 60 days of the effective date of any material change, and the revised notice will also be available on the Plan's website.

Complaints

If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, write to HIPAA Privacy Official, Associate Services Center, Rich Products Corporation, One Robert Rich Way, Buffalo, NY 14213. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 2012, calling 1-877-696-6775. The Plans will not retaliate against you for filing a complaint.

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact Associate Services Center, Rich Products Corporation, at 1-800-455-2587.

This notice represents the Plans' efforts to summarize the privacy regulations under HIPAA. In the event of a discrepancy between the terms or requirements of this notice and the privacy regulations themselves, the terms of the regulations shall prevail.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, (or if the employer stops contributing toward your or your dependents' other coverage), you may be able to enroll yourself or your dependents in this Plan in the future, provided that you change or update your elections online within 30 days after your other coverage ends. In addition, 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 dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You have 30 days from the date of your Qualified Change in Status to change or update your elections online. The benefit changes you make must be consistent with your Qualified Change in Status.

The Plan allows a HIPAA special enrollment for employees and dependents who are eligible but not enrolled, if they lose Medicaid coverage of State administered Children's Health Insurance Program ("CHIP") coverage because they are no longer eligible, or if they become eligible for a State's CHIP premium assistance. You have 60 days from the date of the Medicaid/CHIP event to request enrollment under the Plan. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

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 are 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, you can 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, you can 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, you can ask the 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 permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor at www.askebsa.dol.gov or by calling toll-free 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, 2023. Contact your State for more information on eligibility.

<p>ALABAMA – Medicaid</p>	<p>OLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)</p>
<p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>
<p>ALASKA – Medicaid</p>	<p>FLORIDA – Medicaid</p>
<p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://health.alaska.gov/dpa/Pages/default.aspx</p>	<p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p>ARKANSAS - Medicaid</p>	<p>GEORGIA – Medicaid</p>
<p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</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>

CALIFORNIA - Medicaid	INDIANA - Medicaid
<p>Website: Health Insurance Premium Payment (HIPP) Program Website: https://dhcs.ca.gov/hipp</p> <p>Phone: 916-445-8322</p> <p>Fax: 916-440-5676</p> <p>Email: hipp@dhcs.ca.gov</p>	<p>Health Insurance Premium Payment Program</p> <p>All other Medicaid</p> <p>Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/</p> <p>Family and Social Services Administration</p> <p>Phone: 1-800-403-0864</p> <p>Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
<p>Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid</p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki</p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp</p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: http://www.ACCESSNebraska.ne.gov</p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402- 473-7000</p> <p>Omaha: 402-595-1178</p>
KANSAS– Medicaid	NEVADA – Medicaid
<p>Website: http://www.kancare.ks.gov/</p> <p>Phone: 1-800-792-4884</p> <p>HIPP Phone: 1-800-967-4660</p>	<p>Medicaid Website: http://dhcfnv.gov</p> <p>Medicaid Phone: 1-800-992-0900</p>
KENTUCKY– Medicaid	NEW HAMPSHIRE - Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)</p> <p>Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</p> <p>Phone: 1-855-459-6328</p> <p>Email: KIHIP.PPROGRAM@ky.gov</p> <p>KCHIP Website: https://kynect.ky.gov</p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852- 3345, ext 15218</p> <p>Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>

LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp</p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>CHIP Premium Assistance Phone: 609-631-2392</p> <p>CHIP Website: http://www.njfamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710 (TTY: 711)</p>
MAINE – Medicaid	NEW YORK - Medicaid
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US</p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms</p> <p>Phone: 1-800-977-6740</p> <p>TTY: Maine relay 711</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA - Medicaid
<p>Website: http://www.mass.gov/masshealth/pa</p> <p>Phone: 1-800-862-4840</p> <p>TTY: 711</p> <p>Email: masspremassistance@accenture.com</p>	<p>Website: https://medicaid.ncdhhs.gov/</p> <p>Phone: 919-855-4100</p>
MINNESOTA – Medicaid	NORTH DAKOTA - Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage</p> <p>Phone: 1-800-657-3672</p>	<p>Website: http://www.hhs.nd.gov/healthcare</p> <p>Phone: 1-844-854-4825</p>
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</p> <p>Phone: 573-751-2005</p>	<p>Website: http://www.insureoklahoma.org</p> <p>Phone: 1-888-365-3742</p>

MONTANA – Medicaid	OREGON – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</p> <p>Phone: 1-800-694-3084</p> <p>Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx</p> <p>Phone: 1-800-699-9075</p>
PENNSYLVANIA – Medicaid	VERMONT– Medicaid
<p>Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</p> <p>Phone: 1-800-692-7462</p> <p>CHIP Website: https://www.pa.gov/en/agencies/dhs/resources/chip.html</p> <p>CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: https://dvha.vermont.gov/members/medicaid/hipp-program</p> <p>Phone: 1-800-250-8427</p>
RHODE ISLAND – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
<p>Website: http://www.eohhs.ri.gov/</p> <p>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>	<p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</p> <p>https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</p> <p>Medicaid/CHIP Phone: 1-800-432-5924</p>
SOUTH CAROLINA – Medicaid	WASHINGTON – Medicaid
<p>Website: https://www.scdhhs.gov</p> <p>Phone: 1-888-549-0820</p>	<p>Website: https://www.hca.wa.gov/</p> <p>Phone: 1-800-562-3022</p>
SOUTH DAKOTA - Medicaid	WEST VIRGINIA – Medicaid
<p>Website: http://dss.sd.gov</p> <p>Phone: 1-888-828-0059</p>	<p>Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/</p> <p>Medicaid Phone: 304-558-1700</p> <p>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>

TEXAS - Medicaid	WISCONSIN – Medicaid and CHIP
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
UTAH – Medicaid	WYOMING – Medicaid
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	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, 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
 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

Women's Health and Cancer Rights Act

If you have 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 lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurances applicable to other medical and surgical benefits provided under the plan. If you would like more information on WCHRA benefits, call your Plan Administrator or the Associate Services Center at 1-800-455-2587.

Commuter Benefits

The Commuter Benefit Program allows you to save money on public transportation to and from work while you are actively employed. With this benefit, all associates who commute to work by public transit (bus, rail, or ferry) or vanpool can pay their fare with pre-tax dollars up to the federal tax code limit. You can manage your account online at any time through the Your Spending Account (YSA) website. To participate, access the YSA website through the enrollment website at benefits.rich.com, select the commuter tab and sign up. Note you must enroll the month prior to the month you need the benefit. This program complies with the Bay Area Commuter Benefits Program adopted by the Bay Area Air Quality Management District and the Metropolitan Transportation Commission. For questions regarding this benefit please contact the Associate Services Center at 1.800.455.2587.

Summary Annual Report (SAR)

For Rich Products Corporation Welfare Benefits Plan

This is a summary of the annual report of the Rich Products Corporation Welfare Benefits Plan, EIN 31-1387980, Plan Number 501, for the plan year January 1, 2023, through December 31, 2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Rich Products Corporation has committed itself to pay certain health, dental, vision and accidental death and dismemberment and all temporary disability claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Aetna Life Insurance Co., Highmark Western and Northeastern New York Inc., Cigna Health and Life Insurance Company and Affiliates (Cigna), Delta Dental of New York, EyeMed Vision Care, Health Net, Kaiser Foundation Health Plan of The Mid-Atlantic States, Inc., Kaiser Foundation Health Plan of Colorado, Kaiser Foundation Health Plan Inc., Metropolitan Life Insurance Company, National Union Fire Ins. Co. of Pittsburgh, PA, UnitedHealthcare Insurance Company, Vision Service Plan, Safeguard Health Plans, Inc., A Florida Corporation, Safeguard Health Plans, Inc., A California Corporation, Safeguard Health Plans, Inc., A Texas Corporation, Kaiser Foundation Health Plan of Georgia, Inc., Kaiser Foundation Health Plan of The Northwest, Continental American Insurance Company, New York Life Group Insurance Company of New York, Priority Health Insurance Company, Kaiser Foundation Health Plan of Washington Options, Inc. and Metropolitan General Insurance Company to pay certain health, dental, vision and accidental death and dismemberment and all life insurance, prepaid legal, long-term disability and critical illness claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2023, were \$66,399,501.

Because they are so called “experience-rated” contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2023, the premiums paid under such “experience-rated” contracts were \$387,306 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$208,414.

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 item listed below is 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 Rich Products Corporation, at One Robert Rich Way, Buffalo, NY 14213 and phone number, 716-878-8000.

You also have the legally protected right to examine the annual report at the main office of the plan: One Robert Rich Way, Buffalo, NY 14213, 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 N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.

