

Understanding Your Health Benefits and Options

2025 Annual Open Enrollment Guide



DI BRUNO BROS.
CULINARY PIONEERS SINCE 1939

Open Enrollment 2025

As a Di Bruno Bros. Associate, understanding your options is the first step to making a decision for the next calendar year.

What: Open Enrollment is upon us once again. This is your annual opportunity to review your current benefit plans and make any changes for the upcoming year.

Who: Non-union full-time Di Bruno Bros associates who are eligible for benefits. If this is your first year enrolling, please take the time to review your options to ensure you are making the best choice for you and your family. If you are currently enrolled, it's always a good practice to review and confirm your information. If you choose not to take action, your current coverage elections will roll over into the next year, with the exception of the Flexible Spending Accounts (FSAs). FSAs require you to enroll/ re-enroll each year.

When: Open Enrollment begins Monday, November 4, 2024, and ends at midnight on Friday, November 22, 2024.

How: Go to dibrunobrosbenefits.com and download the enrollment forms which are located on the Open Enrollment page. These forms contain your weekly associate contributions. The site is password protected so see your Benefits Administrator for access. Once you have completed the forms, please submit them to your Benefits Administrator no later than November 22, 2024 to receive the coverage of your choice in 2025.

If you have any questions along the way, please contact your Benefits Administrator.

Before you enroll

Understand your benefit options

- Review your enrollment materials and Summary of Benefits and Coverage (SBCs) on your benefits website.
- Consider your benefit needs and compare your options for 2025.
- Contact your Benefits Administrator if you have any questions.

Make your benefit decisions

- Choose your benefits carefully.
- Decide if you want to add or delete dependents from your coverage. If you're adding a dependent, you are required to provide dependent documentation, such as a marriage certificate and/or a birth certificate.
- Consider making pre-tax contributions to the Health Care and/or Dependent Care Flexible Spending Account(s) (FSA).
- Review your LTD needs and update your tax election, if changes are necessary.

Complete the enrollment forms by November 22, 2024, if you want to:

- Enroll in, change, or drop your medical and/or vision coverage (if you elect anything other than single coverage; identify all eligible dependent(s) on the enrollment forms).
- Participate in a Flexible Spending Account (sign up for direct deposit/electronic funds transfer (EFT) for faster reimbursement by visiting www.inspirafinancial.com).

If you do not elect to make any changes by November 22, 2024:

- Your medical and/or vision coverage will continue with the 2025 plans and contributions.
- Your dependents will remain the same.
- Your participation in the Flexible Spending Account(s) will end on December 31, 2024.

What's New for 2025?

MetLife is the new provider for Long Term Disability

If you are currently enrolled, during the annual Open Enrollment period, you have the opportunity to review your current participation in LTD and can make changes to your current LTD tax election. If you chose an after-tax election during the current plan year, this will carry over automatically.

Continuing for 2025

Get a second opinion from an expert specialist with **2nd.MD**. Feel confident about your medical decisions. As part of your employer provided benefits, you can get an expert second opinion from a leading specialist at no additional cost to you. Connect directly with experts by video from the comfort of home. Ask questions, get answers and feel empowered to make the best health care decisions.

Take Advantage of These Special Programs

Also check out our special programs such as Transform Oncology, Transform Diabetes, Memorial Sloan Kettering (MSK) and more. They are designed to help you get great care and save money too.



How the Plans Work

Your medical plans are offered through Aetna and in-network preventative care is covered at 100%.

Benefits	Basic Managed Choice (You Pay)	HCRA (Aetna Healthfund) (You Pay)
In-network preventative care covered at 100%	Yes	Yes
Well-being resources & special programs	Yes	Yes
Provider network	Broad	Broad
Use of in- and out-of-network providers	Yes	Yes
Must select a Primary Care Physician (PCP)	No	No
PCP referrals needed for specialty care	No	No
HCRA Funded	N/A	Yes
In-network deductible	Yes	Yes
Out-of-pocket maximum for in-network care	\$6,000 single \$12,000 family	\$5,600 single \$11,200 family

How the Plans Work

In-network Medical Services

Benefits	Basic Managed Choice (You Pay)	HCRA (Aetna Healthfund) (You Pay)
Preventative Services	\$0	\$0
Office Visits Primary Care Physician (PCP)/Specialist	\$30 PCP copay (after deductible) \$45 Specialist copay (after deductible)	Deductible & Coinsurance
Emergency Room	\$100 copay (after deductible)	Deductible & Coinsurance
Urgent Care Facility	\$45 copay (after deductible)	Deductible & Coinsurance
Deductible	\$2,500 single \$5,000 family	\$2,000 single \$4,000 family
HCRA Fund	N/A	\$1,000 single \$2,000 family
Deductible after HCRA Fund	N/A	\$1,000 single \$2,000 family
Coinsurance	35%	30%
Annual Out-of-Pocket Maximum	\$6,000 single \$12,000 family	\$5,600 single \$11,200 family

Note: Prescription drug coverage, described later in this guide, is included in the medical plan. Prescription drug expenses are not subject to the medical plan deductible.

How the Plans Work

Out-of-network Medical Services

Benefits	Basic Managed Choice (You Pay)	HCRA (Aetna Healthfund) (You Pay)
Office Visits and Preventive Care	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	\$100 copay (after deductible)	Deductible & Coinsurance
Deductible	\$7,000 single \$14,000 family	\$6,000 single \$12,000 family
Coinsurance*	50%	50%
Annual Out-of-Pocket Maximum	\$12,000 single \$24,000 family	\$10,000 single \$20,000 family

*The plan pays out-of-network benefits based on Medicare reimbursement levels (up to 110% of Medicare for professional services and 140% for facility charges). In addition to your coinsurance, you are responsible for amounts that exceed these levels.



Prescription Drugs

When you use a ShopRite pharmacy or Spotswood mail order for maintenance prescriptions, you'll get a three-month supply for the cost of one!

When you enroll in a medical plan, you receive prescription drug coverage. Your copays are based on the type of drug and where you purchase your prescription. To lower your costs, request generic,

use a ShopRite pharmacy or Spotswood mail order for maintenance medications (for conditions that usually require regular use, such as high blood pressure, heart disease, asthma, and diabetes).

Prescription Drug Benefits — HCRA*

Type of Drug	Definition	Retail Pharmacy (NonShopRite)	ShopRite Pharmacies or Spotswood Mail Order
		For a 30 day supply	For a 90-day supply
Generic	Drug with same active ingredients as brand name, with lower cost	\$15	\$15
Preferred Brand**	Drug marketed under a specific trademark or name by specific drug manufacturer and included on Aetna's drug list	\$40	\$40
Non Preferred Brand** (no generic available)	Drug marketed under a specific trademark or name by specific drug manufacturer and NOT on Aetna's drug list	\$60	\$60
Specialty Brand	High-cost prescription medications used to treat complex, chronic conditions	\$60	Contact your local pharmacy for more information.

*The cost of prescriptions under the Basic Managed Choice uses coinsurance. You pay 30% of the cost for Generic and Preferred Brand and 50% of the Non-Preferred Brand (not subject to the medical plan deductible).

**If you or your physician requests a brand-name medication when a generic is available, you will pay the applicable copay plus the difference between the cost of the generic and brand-name drug.

Vision

Vision benefits are so much more than an eye exam. They help you save money, stay healthy and see everything life has to offer.

EyeMed is the vision provider for Di Bruno Bros. With this plan, you pay less when you visit a provider that participates in the EyeMed Select network.

Annual eye exams not only help correct vision problems, but comprehensive exams can also reveal the warning signs of more serious undiagnosed problems, such as high blood pressure, heart disease, and diabetes.

Highlights of the Plan

- When you visit an EyeMed network provider, you pay a copay for eye exams and materials.
- When you visit an out-of-network provider, you generally pay the provider directly and submit an itemized bill to EyeMed. You will receive reimbursement up to the scheduled amount for each covered service and supply.

For more information or to locate EyeMed vision providers, visit www.eyemedvisioncare.com or call **1-866-939-3633**.

Benefit	EyeMed Option 1		EyeMed Option 2	
	In-Network Member Cost	Out-of-Network Reimbursement	In-Network Member Cost	Out-of-Network Reimbursement
Exam (one every 12 months)	\$10 copay	Up to \$35	No copay	Up to \$28
Frames (one every 24 months)	No copay; \$120 allowance + 20% off balance over \$120	Up to \$48	No copay; \$180 allowance + 20% off balance over \$180	\$90
Lenses (one every 12 months)				
Single Vision	\$25 copay	Up to \$25	No copay	Up to \$25
Bifocal	\$25 copay	Up to \$40	No copay	Up to \$39
Trifocal	\$25 copay	Up to \$60	No copay	Up to \$63
Contact Lenses (one order every 12 months)				
Conventional	No copay; \$135 allowance + 15% off balance over \$135	Up to \$95	No copay; \$180 allowance + 15% off balance over \$180	Up to \$144
Disposable	No copay; \$135 allowance	Up to \$95	No copay; \$180 allowance	Up to \$144
Medically Necessary	No copay: Paid in full	Up to \$200	No copay: Paid in full	Up to \$200

Flexible Spending Accounts

We provide programs and resources that encourage healthy actions and help you identify opportunities for improvement.

Another way you can save money is by participating in Health Care and/or Dependent Care Flexible Spending Accounts (FSAs). Your contributions are made with pre-tax dollars from your pay – before federal income taxes and Social Security taxes are calculated. As a result, your taxable income is lower, so you pay less taxes in each paycheck. Then, when you have an eligible expense, you reimburse yourself with tax-free money from your account.

Eligible Expenses

- **Health Care FSA** — Use this account to pay for expenses not covered by any medical, prescription drug, vision, or any other applicable and eligible plans, as well as copays, deductibles, and charges that exceed any benefit maximum limits, the plan's reimbursement level, or reasonable and customary allowance.
- **Dependent Care FSA** — Use this account to pay for day care expenses for your dependent child(ren) under the age of 13 or other eligible dependents so you and your spouse, if married, can work or look for work.

Note: The Health Care FSA offers an extra 2½ month grace period to incur expenses for reimbursement from your 2024 account. This grace period does not apply to the Dependent Care FSA. See the chart, How FSAs Work, on the next page.

Important Facts About the FSAs

In exchange for tax advantages, the IRS requires eligible expenses are incurred and submitted timely, so you will not forfeit any unused balances. The following rules apply to FSAs:

- **You must use it or lose it.** Estimate carefully. You will forfeit any balance left in your FSA(s) after all your incurred expenses are submitted and paid (according to the timeframes in the chart on the following page). You cannot roll it over to the next year.
- **You must enroll for the entire plan year.** Your election (payroll deduction amount) may not be changed during the year, unless you have a qualified status change.
- **The two Accounts are separate.** You cannot use the money in your Health Care FSA to pay for Dependent Care expenses, and vice versa.
- **You must complete an enrollment form each year.** If you participated in 2024, you still must complete an enrollment form to enroll for 2025. Your election may not be changed during the year unless you have a qualified status change.

FSA Decision Guidelines

Before participating in an FSA, ask yourself:

- How much did I spend on out-of-pocket health care and dependent care expenses last year?
- Do I expect to pay for some health care costs that are not totally covered by my benefits?
- Do I pay someone to care for my dependents while I work?
- Am I eligible for a tax credit for any health care or dependent care-related expenses? If so, will the tax credit or FSA participation be better for me?
- Does my spouse have FSAs available through an employer? If so, how do we want to coordinate our accounts?

Flexible Spending Accounts

How FSAs work

Step	Health Care FSA	Dependent Care FSA
Estimate your out-of-pocket expenses. Examples of eligible expenses* include:	<ul style="list-style-type: none"> Deductibles, copays, and co-insurance for medical, prescription drug, and vision care that are not paid under any health plan Expenses that exceed plan limits Over-the-counter medications used to treat personal injuries or sickness are NOT eligible unless for insulin or with a prescription Expenses for domestic partners are not eligible 	<ul style="list-style-type: none"> Childcare centers, private providers, nursery schools, summer day camps, and after school care provided for your eligible dependent children up to age 13 Care provided for your eligible elderly or disabled, tax-qualified dependent
How much you can contribute:	Up to \$3,300 per year	Up to \$5,000 per year (\$2,500 if married and filing separately)
Payroll deductions are taken:	January 1, 2025 – December 31, 2025	
Enroll by:	Enroll by November 22, 2024. If you participated in 2024, you must re-enroll. Your 2024 election will not carry over.	
Incur expenses by:	January 1, 2025 – March 15, 2026	January 1, 2025 – December 31, 2025
Submit claims by:	April 30, 2026	April 30, 2026
Receive reimbursement up to:	Annual elected amount	Account balance

***Note:** Although it's easy to participate in the FSAs, the IRS places some rules on their use. For details, such as exclusions for both the Health Care and Dependent Care FSAs, visit www.inspirafinancial.com.

How much to contribute.

Use it, Don't Lose it!

The most challenging part of an FSA is determining how much to contribute. Be sure to estimate your expenses carefully because you will forfeit any unused funds at the end of the plan year. The Health Care FSA has the additional grace period of 2½ months to incur expenses. Keep in mind, money can't be transferred between accounts for reimbursement. You may want to contribute a bit less than you estimate in your FSA to be safe.

Questions & Online Resources

Inspira Financial is the administrator for the FSAs. If you have any questions, contact Inspira Financial at **1-844-729-3539** or visit www.inspirafinancial.com. Note that you may sign up for direct deposit/electronic funds transfer (EFT) for faster reimbursement on the Inspira Financial website.

Long Term Disability

Long-term disability insurance pays a portion of your income if you're unable to work due to illness or injury.

MetLife is the new LTD provider and your after-tax elections will carry over automatically.

LTD benefits provide you with a portion of your salary in the event you become disabled and cannot work. If you are rendered disabled by a licensed physician, for 90 days or more, you can apply and be considered for the LTD benefit. If approved, you would be eligible to receive 60% of your monthly earnings, up to \$15,000 depending on the class defined.

Associates are provided with two LTD tax options:

Option 1 – Employee Paid/Weekly Contribution

If you pay the LTD premium with after-tax dollars, and you become disabled, the benefit of 60% (of your predisability wages) is NOT subject to Federal Tax. Therefore, you would receive the full 60% benefit.

Option 2 – Company Paid

If you become disabled, any disability benefit paid to you would be subject to Federal taxes. So, if the benefit paid is 60% of your pre-disability wages, and you are in the 21% tax bracket, your net benefit check would be about 48% of your normal gross wages.

If you are currently enrolled, during the annual Open Enrollment period, you have the opportunity to review your current participation in LTD and can make changes to your current LTD tax election.

Note: LTD contributory plans are governed by IRS regulations. The IRS has a three-year "look back" on LTD plans. If you contribute from the inception of the policy and continue to contribute throughout the policy years, any benefit paid to you will not be subject to Federal Tax. If, however, you change your mind during the policy period, you will have to pay the premium for 3 full years before the benefit is not subject to tax. If you pay the premium for 1 or 2 years in the 3 year period, the taxable portion is prorated accordingly.



Additional Programs and Resources

Aetna Concierge Customer Service

Your Aetna Concierge is like your personal health care assistant – helping you to understand your health plan and answering your questions. Your concierge can even make appointments for you.

Aetna Drug Savings Review Program

This review of pharmacy claims helps increase safety, save money, and improve quality of care. Drug reviews are done after prescriptions are filled and coordinated directly with your medical provider, so you won't experience any disruptions.

Aetna One Choice

This program provides ongoing nurse support and coaching. Whether you're managing a chronic condition or have an upcoming surgery, Aetna nurses can help you put together a plan, understand your benefits, and answer your questions.



Aetna Pharmacy Advisory Program

If you have one of 10 conditions, Aetna's Care Support team will contact you directly when you fill your first prescription to treat your conditions, if you are not taking your medication as directed, and if you miss one or more refills.

Memorial Sloan Kettering Cancer Center (MSK) Direct

Through a partnership with Memorial Sloan Kettering Cancer Center (MSK), MSK Direct is your resource for prevention through diagnosis and ongoing treatment in cancer care, providing practical and emotional support. An MSK Direct Care Advisor helps find the best cancer care possible, either through on-site care at MSK (in certain states), or remotely, where MSK doctors guide your treatment in partnership with your local doctor.

Transform Diabetes Care 2.0

With Transform Diabetes Care 2.0, members are equipped with the tools, education and support needed to stick with treatment so they can manage their condition with success.

Transform Oncology

Aetna's Transform Oncology program is innovating the full care journey of each cancer patient through an elevated standard of care that improves outcomes through personal care at every step of their cancer journey.

Teladoc Health

Did you know you can talk to a doctor anytime and for as long as you need? Teladoc Health gives you 24/7/365 access to a board certified doctor through the convenience of phone or video consults. It's a quick and affordable option for quality medical care – with \$0 copay for general medical care; specialty care (e.g., mental and behavioral health care, therapy, dermatology, and other specialty services) is subject to a fee schedule.

The Aetna Health Assessment

This is a simple, confidential tool for helping you to stay healthy. The assessment can give you valuable insight into your overall health and potential risk factors. Once you complete the online questionnaire, you will receive a full assessment of your current health status, including potential risk factors and tips to modify your behavior for better health. You can print the report for your files and share it with your doctor. The Health Assessment is completely confidential and takes less than 30 minutes to complete. To take the assessment, visit www.aetna.com.

2nd.MD Health Advisory Services

Feel confident about your medical decisions. As part of your employer provided benefits, you can get an expert second opinion from a leading specialist at no additional cost to you. Connect directly with experts by video from the comfort of home. Ask questions, get answers and feel empowered to make the best health care decisions. This benefit is available for all full-time, non-union associates and their eligible dependents.

Important Contacts

To learn more about a specific benefit plan, please visit dibrunobrosbenefits.com, or contact the individual company/provider listed here. We also invite you to speak with your Benefits Administrator when you have questions.

Benefit Plan	Website	Telephone
Medical and Prescription Drugs		
Aetna medical plan and prescription drugs	www.aetna.com	1-877-461-0933
Aetna Concierge Customer Service	www.aetna.com	1-877-461-0933
Aetna Health Assessment	www.aetna.com	1-888-225-3375
Aetna One Choice Nurse Support/Coaching	www.aetna.com	1-877-461-0933
Aetna Pharmacy Advisory Program	www.aetna.com	1-855-305-9853
Aetna Tobacco Cessation Program	www.aetna.com	1-866-213-0153
Memorial Sloan Kettering (MSK) Direct	mskcc.org/gs-well-being	1-833-986-1757
2nd.MD Health Advisory Services	get.2nd.MD/wellbeing	1-866-841-2575
Vision		
EyeMed	www.eyemedvisioncare.com	1-866-9EYEMED (939-3633)
Flexible Spending Accounts		
Inspira Financial (Formerly Payflex)	www.inspirafinancial.com	1-844-729-3539

About This Guide

This guide describes the benefit plans and policies available to you as an associate of Di Bruno Bros. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It doesn't contain all of the details that are included in your Summary Plan Descriptions (as required by ERISA) found in your other associate benefit materials. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Note: The benefits highlighted and described in this guide may be changed at any time and don't represent a contractual obligation – either implied or expressed – on the part of Di Bruno Bros.