



YOUR BENEFITS GUIDE 2021



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More information about your benefits can be obtained through the Human Resources department.



Benefit Basics

As an TNT Crust employee, you are eligible for benefits if you work at least **30 hours per week**. Most of your benefits are effective on the first day of the month following the completion of thirty (30) days of continuous full-time employment.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your spouse and domestic partner
- Dependent birth child, adopted child, step child, and foster child to age 26
- Adult child with a disability

Documentation Requirements

Team member

If you are currently covered and want to waive the group health plan, you will need to submit:

- Current proof of other medical coverage*

**other medical coverage must meet the minimum essential coverage requirements of the Affordable Care Act*

Spouse or Domestic Partner

If you want to add a spouse or domestic partner, you will need to submit:

- Proof of current marital status:
 - Copy of marriage license/certificate or domestic partnership registration
- Proof of spouse's Social Security number or ITIN

Dependent Children

If you want to add a dependent, you will need to submit:

- Acceptable proof of the dependent relationship such as a birth certificate or adoption paperwork, AND
- Proof of the dependent's Social Security number or ITIN

If you want to add a dependent step-child, you will need to submit the documents listed above, AND

- A copy of the marriage license/certificate and proof of current joint ownership to validate current marriage to the step-child's birth parent.

Qualified Life Events

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must notify Human Resources within 30 days of the qualified life event. Depending on the type of event, you may be asked to provide proof of the event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).



Get Healthy, Wealthy, and Wise

TNT Crust provides tools and information to help you make educated decisions about your health and your health care. The more you take good care of your health, the healthier we are as a group, which can reduce costs for all of us.

Who Pays for Your Benefits

Benefit	Who Pays	Tax Treatment
Medical Coverage	The Company & You	Pretax
Dental Coverage	The Company & You	Pretax
Vision Coverage	You	Pretax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	The Company	After-tax
Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance	You	After-tax
Disability Coverage	The Company or You	Tax Choice
401(k) Retirement Savings Plan	The Company & You	Pretax

Employee Contributions

United Healthcare – Medical

Tier	Weekly Employee Contribution		Bi-Weekly Employee Contribution	
	PPO \$1,000	PPO \$2,500	PPO \$1,000	PPO \$2,500
Employee Only	\$13.56	\$9.89	\$27.12	\$19.78
Employee + Spouse*	\$43.20	\$29.07	\$86.41	\$58.14
Employee + Child(ren)	\$28.95	\$21.21	\$57.90	\$42.42
Employee + Family*	\$53.12	\$39.21	\$106.25	\$78.42

*+\$40 if Spousal Surcharge applies

United Healthcare – Dental

Tier	Weekly Employee Contribution		Bi-Weekly Employee Contribution	
	Core Plan	Buy-Up Plan	Core Plan	Buy-Up Plan
Employee Only	\$0.00	\$5.07	\$0.00	\$10.14
Employee + Spouse	\$0.00	\$10.32	\$0.00	\$20.64
Employee + Child(ren)	\$0.00	\$12.00	\$0.00	\$24.01
Employee + Family	\$0.00	\$19.54	\$0.00	\$39.08

VSP – Vision

Tier	Weekly Employee Contribution		Bi-Weekly Employee Contribution	
	Low Plan	High Plan	Low Plan	High Plan
Employee Only	\$1.24	\$2.37	\$2.47	\$4.73
Employee + Spouse	\$1.98	\$3.79	\$3.96	\$7.57
Employee + Child(ren)	\$2.02	\$3.87	\$4.04	\$7.73
Employee + Family	\$3.25	\$6.23	\$6.51	\$12.46

Medical and Pharmacy Plan Overview

We offer the choice of two medical plans through United Healthcare. To select the plan that best suits your family, you should consider the key differences between the plans, the cost of coverage (including payroll deductions), and how the plan covers services throughout the year.

Understanding How Your Plan Works

1. Your deductible

You pay out-of-pocket for most medical and pharmacy expenses until you reach the deductible.

2. Your coverage

Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses with coinsurance. The plan will pay a percentage of each eligible expense, and you will pay the rest.

3. Your out-of-pocket maximum

When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year. Your deductible and coinsurance apply toward the out-of-pocket maximum eligible health care expenses.

Making the Most Out of Your Plan

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will always pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.
- **Preventive drugs:** Many preventive drugs and those used to treat chronic conditions like diabetes, high blood pressure, high cholesterol and asthma are designated on the Chronic/Preventive Condition Drug List as preventive. These prescriptions are covered at 100% (no cost to you) when you use an in-network pharmacy.
- **Pharmacy coverage:** Medications are placed in tiers based on drug cost, safety and effectiveness. These tiers also affect your coverage.

- **Generic** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
- **Brand preferred** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
- **Brand non-preferred** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.
- **Specialty** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.
- **Mail order pharmacy** – If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the mail order pharmacy to save on a 90-day supply of your medication.

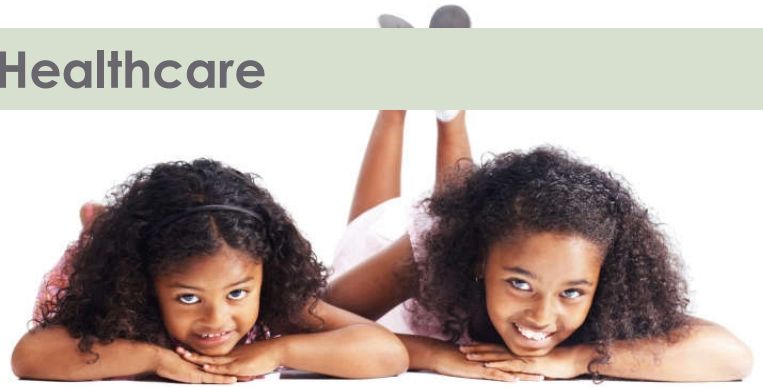
Note: This is a summary only of your coverage.

In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

Medical Coverage – United Healthcare

TNT Crust offers a choice of medical plan options so you can choose the plan that best meets your needs – and those of your family.

Each plan includes comprehensive health care benefits, including preventive care services and coverage for prescription drugs.



Plan Provisions	PPO \$1,000		PPO \$2,500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-Pocket Maximum (Includes Deductible)	\$4,000 / \$8,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Lifetime Maximum	Unlimited		Unlimited	
Preventive Care	100%	60% after ded.	100%	50% after ded.
Primary Physician Office Visit	\$30 copay	60% after ded.	\$35 copay	50% after ded.
Specialist Office Visit	\$60 copay	60% after ded.	\$75 copay	50% after ded.
X-Ray and Lab	20% after ded.	60% after ded.	30% after ded.	50% after ded.
Inpatient Hospital Services	20% after ded.	60% after ded.	30% after ded.	50% after ded.
Outpatient Hospital Services	20% after ded.	60% after ded.	30% after ded.	50% after ded.
Urgent Care	\$50 copay	60% after ded.	\$50 copay	50% after ded.
Emergency Room Care	\$200 per visit		30% after ded.	
	Medical Deductible Applies		Medical Deductible Applies	
Retail Prescription Drugs (30-day supply) • Generic • Brand Preferred • Brand Non-preferred	\$10 copay \$35 copay \$70 copay	60% after ded.	\$10 copay \$35 copay \$70 copay	50% after ded.
Mail Order Prescription Drugs (90-day supply) • Generic • Brand Preferred • Brand Non-preferred	2.5x 30 day supply 2.5x 30 day supply 2.5x 30 day supply	Not Covered	2.5x 30 day supply 2.5x 30 day supply 2.5x 30 day supply	Not Covered

Note: This is a summary only of your coverage.

In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

Health and Wellness Programs to Support You

Through United Healthcare plan you have many resources available to help you reach your health goals and save money on healthy products and services. You have access to the following programs and tools on **myuhc.com** or by calling the Member Services number on your ID Card.

SimplyEngaged

Take care of your health and be rewarded.

SimplyEngaged is a personal health and wellness incentive program that allows you and your covered spouses to earn rewards when completing health and wellness actions. By taking healthy actions, you will also be eligible to earn up to \$200/employee and \$200/spouse in gift cards and Rally coins. You can redeem your coins in a wide variety of sweepstakes for chances to win health- and technology-related prizes such as fitness trackers, gift cards and more.

Health Actions*	Earn
Health Survey	\$25 + Rally Coins
Biometric Screening	\$75 + Rally Coins
Wellness Coaching	\$75 + Rally Coins
Fitness Action	\$20/month + Rally Coins

*Inclusive but not an exhaustive list of health actions.

Real Appeal

Online weight loss program to you and eligible family members at no cost as part of your health plan benefits. With one-on-one coaching, digital tools and more, you'll have the support you need to reach your personal goals.

Virtual Visits

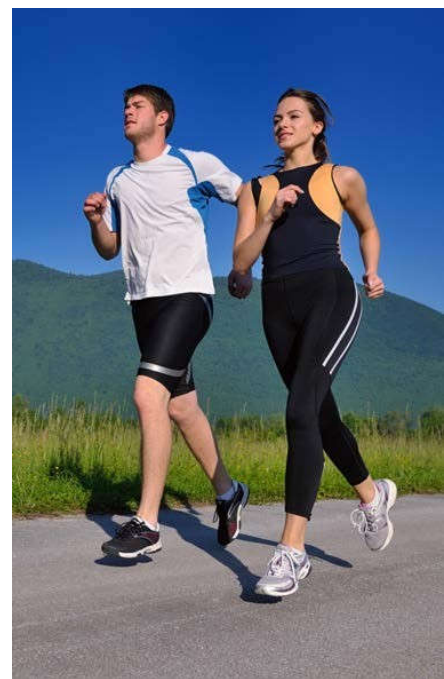
Team Members enrolled in any of the medical plans also have access to virtual visits. You and your covered family members can see and speak to a doctor anywhere, anytime on a mobile device or computer.

No appointment is necessary — and a Virtual Visit usually takes less than 20 minutes. Doctors are able to diagnose a wide range of non-emergency medical conditions and prescribe medications. If needed, a prescription can be sent to a local pharmacy.

Quit for Life

You'll have access to a Quit Coach for the duration of the program to help make a plan, set a quit date and provide ongoing support.

Beyond coaching, you receive a Quit Guide, access to the Text2Quit text messaging program and nicotine replacement therapy throughout the process to help improve confidence and motivation to quit. You'll also receive digital support, including expert-led online learning, interactive content and urge-management tools.



Dental Coverage – United Healthcare

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health.

Your dental plans are through United Healthcare’s PPO Network which offers in- and out-of-network benefits. It is always more cost effective to receive benefits in-network.

To find a provider participating in your dental plan network, visit www.myuhcdental.com and click “locate provider/find a dentist.” Select your search criteria and click “Search.” A search engine will appear where you can search by city, state, zip code, or name.

	Core Plan	Buy-Up Plan
	In-Network	In-Network
Annual deductible (Individual/Family)	\$50 / \$150	\$50 / \$150
Annual maximum (per person)	\$500	\$1,500
Diagnostic and preventive care: Includes cleanings, fluoride treatments, sealants and x-rays	100%	100%
Basic Services: Includes fillings, periodontics, scaling and root planing, and oral surgery	80%	80%
Major Services: Includes crowns, bridges and full and partial dentures	Not Covered	50%
Orthodontia (Children only—up to age 26)	Not Covered	50% \$1,500 Lifetime Max.



Finding an In-Network Medical Provider

Avoid getting care from doctors outside of your plan; it will cost you more or your plan may not cover it at all. We've made it easy for you to find doctors in your plan, by following the steps below:

- Go to myuhc.com and choose Find a Doctor.
- Select Medical Directory.
- Choose All United Healthcare Plan.
- Select Choice Plus network
- Search by Provider, Service, or Condition
- Then choose search to see results.

Finding an In-Network Pharmacy

You have many retail pharmacies to choose from. Use a pharmacy that is in your plan to get the best price.

To find a pharmacy in your plan, visit myuhc.com and choose Find a Pharmacy

Finding an In-Network Dentist

Avoid getting care from dentists outside of your plan; it will cost you more or your plan may not cover it at all. We've made it easy for you to find dentists in your plan, by following the steps below:

- Go to myuhc.com and choose Find a Dentist.
- Select the state you live in
- Choose the PPO Network
- Search for a Dentist by Location, Dentist Name, or Practice Name

Employees may also call 800-445-9090 and follow the automated instructions.

Vision Coverage - VSP

The vision plan through VSP covers routine eye exams and also pays for all or a portion of the cost of glasses or contact lenses if you need them.

Benefit	Low Plan	High Plan
	In-Network	In-Network
Exam	\$20 copay	\$20 copay
Hardware	\$20 copay	\$20 copay
Frequency • Exam • Lenses • Frames	12 months 12 months 24 months	12 months 12 months 12 months
Frames	\$100 allowance, 20% savings on amount over allowance For example, if you purchase frames that are \$150, you pay \$40 out-of-pocket (20% off the remaining \$50)	\$180 allowance, 20% savings on amount over allowance For example, if you purchase frames that are \$150, you pay \$0 out-of-pocket
Lenses • Single vision lenses • Bifocal lenses • Trifocal lenses	Covered in full after copay Covered in full after copay Covered in full after copay	Covered in full after copay Covered in full after copay Covered in full after copay
Contact Lens Exam, Fit & Follow-up	Up to \$60 allowance	Up to \$60 allowance
Elective contact lenses in lieu of glasses	\$100 allowance; Up to \$60 copay	\$180 allowance; Up to \$60 copay

As part of your vision coverage, you'll save an average of 15% off the regular price of laser vision correction (LASIK), or an additional 5% off the promotional price.



Life and AD&D Insurance Coverage

Life Accidental Death & Dismemberment (AD&D) Insurance Coverage

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment.

TNT Crust provides Basic Life and AD&D Insurance to all eligible employees at no cost to you. This benefit includes one times your base annual earnings, up to a maximum benefit of \$150,000.

You must elect Supplemental Life for yourself in order to elect for your dependents. You must also elect Supplemental Life in order to elect Supplemental AD&D coverage.

Voluntary Life and AD&D Coverage

TNT also provides the option to purchase additional Supplemental Life and AD&D coverage for yourself, your spouse, and dependent children in the following amounts:

- **Employee:** Increments of \$10,000 up to a maximum benefit of \$200,000*
- **Spouse:** Increments of \$5,000 to a maximum benefit of \$25,000*, not to exceed employee election.
- **Child:** >14 days : Flat \$1,000 benefit
 - 14 days – 6 months: Flat \$1,000 benefit
 - 6 months – 19 years: Increments of \$2,000

Disability Insurance Coverage

The goal of the disability insurance is to provide you with income replacement should you become disabled and unable to work due to a non-work-related illness or injury. TNT Crust provides full-time employees with Short Term Disability and Long Term Disability (LTD) benefits. LTD is offered on a 'tax choice' basis through Unum.

You as the employee have the option to choose if you will pay for this coverage out of your paycheck, or if you want TNT Crust to cover the cost of your LTD coverage.

- If you pay for this coverage with post-tax dollars, in the event of claim, your benefit is tax-free.
- If TNT covers the cost of this coverage for you, in the event of claim, your benefit is 100% taxable

**If you decline Supplemental Life or Long Term Disability coverage when first eligible and then choose to enroll in either of these plans at a later date, you will be considered a 'late entrant' to the plan. You will be subject to medical underwriting review – UNUM's approval is NOT guaranteed.*

Coverage	Benefit
Long-Term Disability*	<ul style="list-style-type: none"> • Covers 60% of your base annual earnings, to a \$6,000 maximum per month • Benefit begins after 90 day elimination period • 3/12 Pre-Existing Condition Limitation
Short Term Disability	<ul style="list-style-type: none"> • Hourly team members are eligible to receive 60% of weekly base pay for a maximum of 13 weeks based on years of service. • Salaried and Management Non-Exempt team members are eligible to receive 100% salary continuation for a maximum of 13 weeks based on years of service.

Length of Service	Weeks of Short Term Disability Pay
New Hires	Two (2) Weeks (80 Hours)
1 Year of Service	Four (4) Weeks (160 Hours)
2 Years of Service	Six (6) Weeks (240 Hours)
3 Years of Service	Eight (8) Weeks (320 Hours)
4 Years of Service	Ten (10) Weeks (400 Hours)
5 Years of Service	Twelve (12) Weeks (480 Hours)
6+ Years of Service	Thirteen (13) Weeks (520 Hours)

Employee Assistance Program

Sometimes life can be challenging. That's why TNT Crust provides an employee assistance program (EAP) to all eligible employees at no cost. The EAP is designed to provide professional and confidential services to help employees and family members (spouse or domestic partner, dependent children, parents and parents-in-law) address a variety of personal, family, life, and work-related issues.

The EAP provides unlimited confidential online/phone support and up to 3 In-Person visits to help with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Child and elder care
- Legal questions
- Identity theft
- Financial services
- And more

*Our provider is Life Balance through Unum.
If you need help or guidance, you may reach out to the EAP toll-free, 24/7 at 800-854-1446 or by visiting www.unum.com/lifebalance.*



Travel Assistance Program

Medical emergencies are never easy. But they can get really complicated when employees are traveling. TNT crust provides employees and their spouses and dependent children, through Unum, immediate access to one of the nations largest travel assistance providers while traveling for business or personal reasons, whether you are out of the country or 100 miles or more from home.

The Travel Assistance Program can assist by connecting employees with medical professionals and providers across the world to assist with the following:

- Medical consultation, evaluation and referrals
- Hospital admission assistance
- Emergency medical evaluation
- Critical care monitoring
- Medical repatriation
- Prescription Assistance
- Emergency message service
- And more

*If you need travel assistance anywhere in the world, please contact:
Within the U.S.: 800-872-1414
Outside the U.S.: 609-986-1234
Email: medservices@assistamerica.com
Reference number: 01-AA-UN-762490
Mobile App: Assist America (Apple App Store or Google Play)*

Critical Illness Coverage

Critical Illness Insurance provides cash to help pay for both medical expenses not covered by your medical plan as well as day-to-day expenses that may start to add up – like rent, mortgage, car payments, etc. – while you are ill. With Critical Illness Insurance, if you are diagnosed with a covered illness, you get a lump-sum cash benefit, even if you receive other insurance benefits. Please refer to your benefit summary for a full list of covered illnesses and monthly costs.

Benefit Amounts:

- **Employee:** option of \$15,000 or \$30,000 of coverage
- **Spouse:** 50% of the employee coverage amount
- **Children:** 50% of the employee coverage amount

***Pre-Existing Condition:**

The Critical Illness program has a 3 / 6 months pre-existing condition clause for new enrollees.

Health Screening Benefit:

A \$50 benefit is payable to any covered person on your plan once per year once you provide proof of an eligible health screening.

Accident Coverage

Accident Insurance provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have. If you purchase coverage and are hurt in a covered accident, you will receive a cash benefit for covered injuries that you may spend as you like.

You will have the option to select from either the High or Low Accident plan. Each program covers the same accidents, but at a varying benefits level. Benefits are payable directly to you, and there are no health questions or pre-existing conditions limitations.

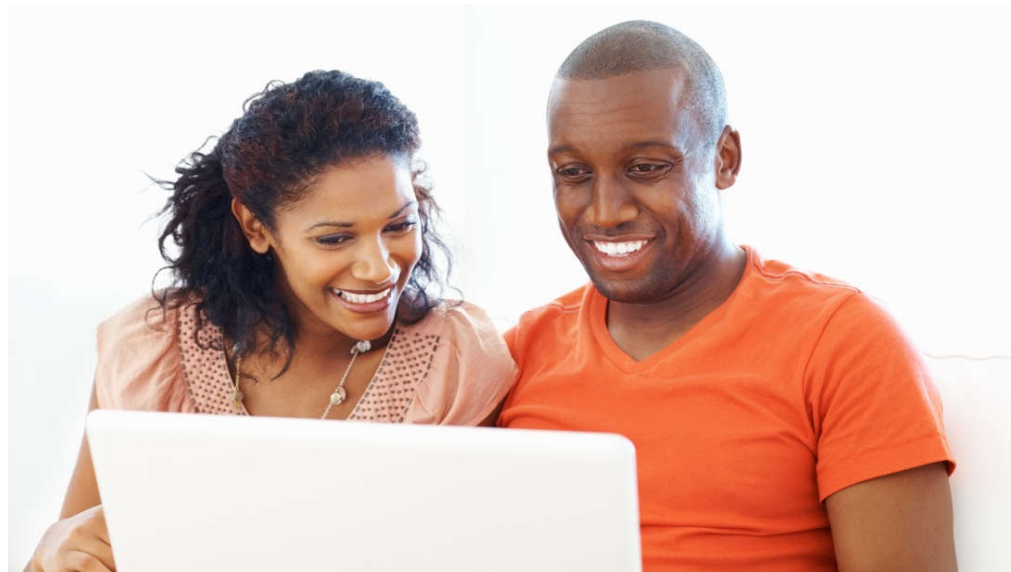
Low Plan	
Coverage Level	Monthly Cost
Employee Only	\$8.32
Employee + Spouse	\$16.43
Employee + Children	\$19.15
Employee + Spouse and Children	\$23.36

High Plan	
Coverage Level	Monthly Cost
Employee Only	\$12.28
Employee + Spouse	\$24.13
Employee + Children	\$28.01
Employee + Spouse and Children	\$34.21

Contacts

Plan	Vendor	Phone Number	Website
Medical	United Healthcare	866-873-3903	www.myuhc.com
Dental	United Healthcare	800-445-9090	www.myuhcdental.com
Vision	VSP	800-877-7195	www.vsp.com
Life & AD&D Coverage	Unum	800-421-0344	www.unum.com
Long-Term Disability	Unum	866-679-3054	www.unum.com
Critical Illness	MetLife	800-438-6388	www.metlife.com/mybenefits
Accident	MetLife	800-438-6388	www.metlife.com/mybenefits
Employee Assistance Program	Unum/Life Balance	800-854-1446	www.unum.com/lifebalance
Travel Assistance Program	Assist America	Within the U.S. 800-872-1414 Outside the U.S. 609-986-1234	medservices@assistamerica.com

About This Guide: This benefit summary provides selected highlights of the TNT Crust employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. TNT Crust reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.



Regulatory Notices Related to Your Health Plan

MEDICARE PART D

Important Notice from TNT Crust LLC About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current TNT Crust coverage will not be affected. You may keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

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

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

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

For More Information about This Notice or Your Current Prescription Drug Coverage.

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

For More Information About Your Options Under Medicare Prescription Drug Coverage.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date: January 1, 2021
Name of Entity/Sender: TNT Crust, Inc.
Contact--Position/Office: Ariana Guzman
Address: 508 Elizabeth Street, Green Bay, WI54302
Phone Number: 920-569-4155

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) of 1985

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends;
or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applies to most special enrollments.

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998

The Women's Health and Cancer Rights Act (WHCRA) requires group health plans to provide participants with notices of their rights under WHCRA, to provide certain benefits in connection with a mastectomy, and to provide other protections for participants undergoing mastectomies.

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

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

These benefits will be provided subject to the same deductibles and coinsurance amounts applicable to other medical and surgical benefits provided under the health plan offered by your employer.

Please keep this information with your other group health plan documents. If you have any questions about the Plan's coverage of mastectomies and reconstructive surgeries, please contact the Human Resources Department.

PREMIUM ASSISTANCE UNDER MEDICAID AND 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. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. Please refer to separate CHIP Notice.

HEALTH INSURANCE PUBLIC EXCHANGE NOTICE

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5%¹ of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.²

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

How Can I Get More Information?

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

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

¹ As that percentage is adjusted by inflation from time to time.

² An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

