

2023 Plan Year Options

Benefit Plan Comparison Guide

Meijer. HUMAN RESOURCES

Health & Wellness



Investing in You

Meijer. HUMAN RESOURCES

Financial



Meijer. HUMAN RESOURCES

Life





2023 Benefits

A valuable investment in you.

Your benefits and pay add up to a valuable total rewards package that helps you reach your best health and wellness, life, and finances.

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Enrolling in Benefits

When you enroll in medical, dental, vision, a health flexible spending account, dependent care account, or short-term disability, the **coverage you elect will be in effect through the end of the 2023 calendar year**, unless you experience a qualifying life event.

Use the following chart to determine when you can enroll or make changes to your benefits.

| AT THIS TIME: | YOU CAN ADD, STOP, OR MAKE CHANGES TO THE FOLLOWING BENEFITS: | DEADLINE: |
|---------------------------------|---|--|
| As a new hire | All benefits | Refer to the benefit summary available at your location or visit Meijer Rewards at digital.alight.com/meijer . |
| During benefits open enrollment | All benefits | October 20 - November 4, 2022 |
| Qualifying life events | All benefits <i>Changes must be consistent with the life event change. See details below.</i> | 30 days from the qualifying event |
| Any time | <ul style="list-style-type: none"> • Health savings account contributions • Voluntary long-term disability* • Accident insurance • Critical illness insurance • Hospital indemnity insurance • And more <p>In addition to the benefits listed in this guide, Meijer offers many other benefits to support your total wellness. For more information and a full list of benefits, visit meijeriy.com.</p> | No deadline <i>You may make changes at any time.</i> |

*Evidence of insurability may be required.

QUALIFYING LIFE EVENTS

You can change your elections during the year if you have a qualifying life event — a family status change (such as a marriage or birth) or a change in your plan eligibility (loss or gain of other coverage). Coverage effective dates vary based on the type of qualifying event, the event date, and the enrollment processing date. Report a qualifying life event within 30 days of the event through Meijer Rewards. Visit digital.alight.com/meijer or call 1-866-681-6116.

REVIEW YOUR CONFIRMATION STATEMENT

After enrolling in benefits as a new hire or during benefits open enrollment, be sure to review your confirmation statement.

The quickest way to get confirmation of your benefits enrollment for 2023 is to be sure Meijer has your email address on file (either an email address provided by you or a Meijer email address). If Meijer has your email address – and if you complete your benefits enrollment online – you will receive an email confirmation immediately after your benefits enrollment session. Otherwise, you will receive a mailed confirmation statement.

Medical

YOUR OPTIONS:

- Advantages Health with HSA
- Health Select with HRA

The medical plan options encourage preventive care – with 100% coverage at in-network providers – and help protect you and your covered family members from costs associated with illness or injury.

Advantages Health with HSA and Health Select with HRA are administered by Blue Cross Blue Shield (BCBS), and prescription drug benefits are administered by Express Scripts.

Advantages Health with HSA has a lower weekly cost and includes a health savings account (HSA) – which, when compared to Health Select with HRA, offers double the Meijer contributions to your savings account. You can also contribute to your HSA and receive valuable tax benefits.

Health Select with HRA has a higher weekly cost and includes a health reimbursement account (HRA) to help you pay for eligible out-of-pocket expenses.

If you are a part-time team member averaging fewer than 30 hours per week (or fewer than 28 hours for grandfathered part-time team members), you may enroll in Health Select with HRA.

PROVIDER NETWORKS

- If you reside in Wisconsin, you will use either the WI Blue Preferred POS Select Network or, if available in your location and you elect it, the HPN.
- Otherwise, you will use either the Blue Cross Blue Shield of MI PPO Network or, if available in your location and you elect it, the HPN.

The medical plans are exclusive provider organization (EPO) plans and out-of-network services are not covered, except in an emergency. Search for in-network providers by visiting bcbsm.com.

HOW THE PLANS WORK

| IN-NETWORK PREVENTIVE CARE SERVICES/PRESCRIPTIONS ARE COVERED AT 100% | YOU PAY UP TO THE PLAN-YEAR DEDUCTIBLE | COPAYS/COINSURANCE | THE MOST YOU WILL PAY |
|--|---|---|---|
| The plans cover in-network preventive care services/prescriptions at 100% with no deductible required. | The plans include a plan-year deductible, which is the amount you pay out of your own pocket before the plans begin to pay certain benefits. For Health Select with HRA, some services – such as physician office services – may be subject to a copay rather than the deductible (waived). | Once you've met the plan-year deductible: <ul style="list-style-type: none"> · Under Advantages Health with HSA - You pay coinsurance. · Under Health Select with HRA - You pay copays or coinsurance. | If you meet the maximum medical out-of-pocket, the plans pay 100% of eligible covered charges for the remainder of the calendar year. |
| <p>THE VALUE OF YOUR HSA or HRA</p> <p>Eligible expenses can be paid from either your HSA or HRA, depending on which medical plan you choose. This includes copays, coinsurance, and deductibles.</p> | | | |

High Performance Network (HPN) Option

Meijer offers team members in some locations the option to choose an alternative HPN under Advantages Health with HSA or Health Select with HRA for a lower weekly cost.

If the HPN is available to you, details accompany this guide and you'll see the HPN as an option when you enroll. More information can also be found on the Meijer Rewards site.

You must use an in-network provider for non-emergency services. To determine if your preferred doctor or hospital is among the limited number of providers in the HPN, visit bcbsm.com and click *Find a Doctor*. When prompted, choose the *Meijer HPN Network* option.

Tip! Before choosing an HPN option, please verify that its smaller provider network includes doctors and hospitals you may want to use throughout the year. The option and network you elect will remain in effect through all of 2023, unless you experience a qualifying life event.

MEDICAL OPTIONS AT-A-GLANCE

| | ADVANTAGES HEALTH WITH HSA | HEALTH SELECT WITH HRA |
|---|---|---|
| Plan Features | BCBS In-Network Providers ¹ | BCBS In-Network Providers ¹ |
| Health Savings Account (HSA) or Health Reimbursement Account (HRA) Funded by Meijer contributions Note: Meijer's contribution is applied only to active, non-COBRA accounts for Advantages Health with HSA | Meijer's Contribution: \$300 for team member only \$600 for team member plus dependents | Meijer's Contribution: \$150 for team member only \$300 for team member plus dependents |
| Plan-Year Deductible The amount you must pay before the plan begins payment | \$2,000 for team member only \$4,000 for team member plus dependents +\$750 if eligible and did not complete condition management program | \$1,300 for team member only \$2,600 for team member plus dependents +\$750 if eligible and did not complete condition management program |
| Coinsurance Percentage The portion of the allowable expense paid by the plan and you once the deductible has been met | Plan pays 70% You pay 30% | Plan pays 80% You pay 20% |
| Maximum Medical Out-of-Pocket (OOP) Once you reach this amount during the plan year, the plan pays 100% of allowable expenses | \$5,500 for team member only \$11,000 for family (or \$6,750 per individual) | \$5,500 per person \$11,000 per family |
| Wellness Preventive Services | | |
| Pap Smear, Mammogram, Prostate Exam, Wellness Exam, Well Child Care, Immunizations, Colonoscopy | Plan pays 100% | Plan pays 100% |
| Physician Office Services | | |
| Office Visits For illness or injury | You pay 30% after meeting the plan-year deductible Waived after deductible if eligible and completed condition management program | You pay \$25 Waived if eligible and completed condition management program |
| Specialist Office Visits | You pay 30% after meeting the plan-year deductible Waived after deductible if eligible and completed condition management program | You pay \$50 Waived if eligible and completed condition management program |
| Other Physician Services | | |
| Virtual/Online Care | Plan pays 100% after meeting the plan-year deductible | Plan pays 100% |
| Pre- and Post-Natal Care Note: For maternity-related test benefits, see <i>Diagnostic Services</i> , below. | Prenatal office visits: Plan pays 100% Postnatal office visits: You pay 30% after meeting the plan-year deductible | Prenatal office visits: Plan pays 100% Postnatal office visits: Plan pays 100% |
| Physician Charges for Childbirth | You pay 30% after meeting the plan-year deductible ² | You pay 20% after meeting the plan-year deductible ² |
| Allergy Testing and Injections | You pay 30% after meeting the plan-year deductible | You pay \$50 |
| Chiropractic Up to 24 visits per plan year | You pay 30% after meeting the plan-year deductible | You pay 20% after meeting the plan-year deductible |
| Hospital Inpatient Services | | |
| In-Hospital Care Physician visits, surgeon, anesthesiologist Also see <i>Transparent Surgery Care</i> (p. 8) | You pay 30% after meeting the plan-year deductible | You pay 20% after meeting the plan-year deductible |
| Room and Board, and Other Misc. Inpatient Services Ward, semi-private, ICU; medical supplies, labs, x-ray | You pay 30% after meeting the plan-year deductible | You pay 20% after meeting the plan-year deductible |
| Outpatient Services | | |
| Diagnostic Services Labs, x-rays, EKGs, MRIs, CAT scans, etc. | You pay 30% after meeting the plan-year deductible | You pay \$25 for most services For MRIs, CAT scans, and PET scans, you pay 20% after meeting the plan-year deductible |

¹ If you reside in Wisconsin, you will use either the WI Blue Preferred POS Select Network or, if available in your location and you elect it, the HPN. Otherwise, you will use either the Blue Cross Blue Shield of MI PPO Network or, if available in your location and you elect it, the HPN.

² Maternity delivery services are not covered for dependent children. See the BCBS Member Handbook for more details, or contact BCBS at 1-800-452-6933.

The medical plans are exclusive provider organization (EPO) plans and out-of-network services are not covered, except in an emergency. Search for in-network providers by visiting bcbsm.com.

| | ADVANTAGES HEALTH WITH HSA | HEALTH SELECT WITH HRA |
|---|---|--|
| Plan Features | BCBS In-Network Providers ¹ | BCBS In-Network Providers ¹ |
| Physical, Speech, or Occupational Therapy | You pay 30% after meeting the plan-year deductible | You pay 20% after meeting the plan-year deductible |
| Outpatient Surgery – Physician’s Office, Hospital Also see <i>Transparent Surgery Care</i> (p. 8) | You pay 30% after meeting the plan-year deductible | Primary care physician’s office: You pay \$25 Specialist’s office: You pay \$50 Hospital: You pay 20% after meeting the plan-year deductible |
| Emergency Care | | |
| Urgent Care Centers | You pay 30% after meeting the plan-year deductible | You pay \$100 |
| Hospital Emergency Room Qualified emergency | You pay 30% after meeting the plan-year deductible | You pay \$300 |
| Ambulance Services Medically necessary | You pay 30% after meeting the plan-year deductible | You pay 20% after meeting the plan-year deductible |
| Hearing | | |
| Hearing Test and Hearing Aid Audiometric exam, hearing aid evaluation test, ear molds, hearing aid acquisition, dispensing fee, and hearing aid (monaural and binaural); once every 48 months | After meeting the plan-year deductible, the plan pays 100% (up to \$3,000 maximum) | After meeting the plan-year deductible, the plan pays 100% (up to \$3,000 maximum) |
| Mental Health and Substance Abuse Treatment | | |
| Virtual/Online Care | Plan pays 100% after meeting the plan-year deductible | Plan pays 100% |
| Outpatient Treatment | You pay 30% after meeting the plan-year deductible | You pay \$25 |
| Inpatient Treatment – Hospital or Treatment Center | You pay 30% after meeting the plan-year deductible | You pay 20% after meeting the plan-year deductible |
| Prescription Drugs | | |
| Save money on your prescriptions with Rx Savings Solutions! See meijeriy.com for details. | | |
| ACA-Required Preventive Drugs Such as certain birth control, high blood pressure, and heart disease medications. See the full list on meijeriy.com or contact Express Scripts. | Plan pays 100% | Plan pays 100% |
| Prescription Drugs Plan-Year Deductible | Combined with the medical plan-year deductible | Does not apply |
| Generic 30-Day Supply 90-Day Supply | You pay \$5 after meeting the plan-year deductible You pay \$10 after meeting the plan-year deductible | You pay \$5 You pay \$10 |
| Brand Formulary National Preferred Formulary 30-Day Supply 90-Day Supply | You pay 25% after meeting the plan-year deductible \$35 min/\$125 max \$70 min/\$300 max | You pay 25% \$35 min/\$125 max \$70 min/\$300 max |
| Brand Non-Formulary 30-Day Supply 90-Day Supply | You pay 50% after meeting the plan-year deductible \$60 min/no max \$125 min/no max | You pay 50% \$60 min/no max \$125 min/no max |
| Maximum Prescription Out-of-Pocket (OOP) | Combined with maximum medical OOP | \$1,600 per individual/\$3,200 per family |
| <ul style="list-style-type: none"> • The brand formulary is a list of commonly-prescribed brand-name medications that are offered at a lower copay than those that are not on the brand formulary list. • A 90-day supply can be obtained for drugs on the Express Scripts Maintenance Drug List. • Certain drugs will be subject to other quantity limits. • The coinsurance amount for certain medications used for weight loss, infertility, or sexual dysfunction will be 50% with no maximum copay per prescription or refill (quantity limits may apply). • Some medications may require prior authorization or that you try another medication first to obtain coverage. | | |
| <ul style="list-style-type: none"> • If you and/or your enrolled dependents take specific, high-cost specialty prescription drugs, you must enroll in SaveonSP, a specialty prescription drug copay assistance program. Once enrolled, you will have a \$0 copay on the specific covered specialty prescription drugs. If you or your dependents are eligible for this program, you will be contacted directly by SaveonSP. If you decline to enroll in the program, you will pay the full cost of the specialty drug, and your copay will not apply to the deductible or maximum out-of-pocket. • Both prescription plans are considered creditable coverage for Medicare purposes. • You may view the lists mentioned above on meijeriy.com. | | |

¹ If you reside in Wisconsin, you will use either the WI Blue Preferred POS Select Network or, if available in your location and you elect it, the HPN. Otherwise, you will use either the Blue Cross Blue Shield of MI PPO Network or, if available in your location and you elect it, the HPN.

The medical plans are exclusive provider organization (EPO) plans and out-of-network services are not covered, except in an emergency.

HSA, HRA...WHAT'S THE DIFFERENCE?

A health savings account (HSA) or health reimbursement account (HRA) works much like your own personal checking account, but it's designed to be used for eligible health care expenses. Following is a comparison of the accounts.

| | ADVANTAGES HEALTH WITH HSA | HEALTH SELECT WITH HRA |
|--|---|--|
| Who can contribute? | <p>Meijer contributes, and you can too.</p> <p>Meijer contributes:</p> <ul style="list-style-type: none"> · \$300 for team member only coverage; or · \$600 for team member plus dependents. <p>Team members may make additional contributions, up to:</p> <ul style="list-style-type: none"> · \$3,550 for team member only coverage; or · \$7,150 for team member plus dependents. · If you're age 55 or older, you can make an additional catch-up contribution of \$1,000. <p>SAVINGS TIP! Your HSA contributions, investment earnings, and withdrawals for eligible expenses are tax-free.</p> | <p>Meijer contributes, but you cannot.</p> <p>Meijer contributes:</p> <ul style="list-style-type: none"> · \$150 for team member only coverage; or · \$300 for team member plus dependents. <p>SAVINGS TIP! Although you cannot contribute to your HRA, the health flexible spending account is available to you and offers tax advantages. See page 9 for details.</p> |
| What expenses can be paid with this account? | Use your HSA for eligible medical, prescription, dental and vision deductibles, copays, and other eligible out-of-pocket expenses. | Use your HRA for eligible medical, prescription, dental and vision deductibles, copays, and other eligible out-of-pocket expenses. |
| What happens to leftover money at the end of the year? | A year-end balance will carry over. It's your money – even if you leave Meijer. | A year-end balance will carry over to next year if you remain enrolled in Health Select with HRA. If you leave Meijer, you are legally required to forfeit the balance. |

Wellness

Meijer offers many programs to help you and your enrolled dependents *Be Healthy at Meijer*. Following you'll find information about BCBS Member Advocates, Condition Management Wellness Programs, and Transcarent Surgery Care. For more information and a full list of wellness programs and resources, visit meijeriy.com.

BCBS MEMBER ADVOCATES

If you have benefits questions, member advocates have the answers. They know the ins and outs of Meijer benefits, so they can answer your questions, resolve claims and billing issues, help you find an in-network provider, and even schedule your appointments.

Advocate services are available to team members and their spouses/ domestic partners enrolled in a Meijer medical plan.

"I was afraid to use my insurance because I didn't understand it. He [a member advocate] explained everything very slowly and made sure I understood it. I'd give him a 10!"

– Meijer team member



Visit bcbsm.com/meijeradvocate or contact a member advocate at 1-800-452-6933. Advocates are available 8 a.m. – 5:30 p.m. ET, Monday – Friday.

CONDITION MANAGEMENT WELLNESS PROGRAMS

Participate in 2023 for Improved Health and Medical Plan Savings in 2024

Meijer is committed to partnering with team members to offer customized programs and opportunities to improve health and help team members save on health care expenses.

Team members and spouses/domestic partners with diabetes or certain musculoskeletal (MSK) conditions will be eligible for a condition management wellness program. The program is voluntary; however, an eligible team member's or spouse's/domestic partner's health plan deductible and copays/coinsurance for 2024 will be determined by active participation in the program or a reasonable alternative in 2023.

LIVONGO OR VIRTA FOR DIABETES

If you or one of your dependents enrolled in a Meijer medical plan is eligible to participate in a diabetes management program, you'll receive information from both Livongo and Virta. *Choose which program is right for you!*

Livongo makes living with diabetes easier and more affordable by providing you with a connected blood glucose meter, unlimited test strips, and coaching at no cost to you. Active participation means completing at least five blood glucose checks per month from January 1 – August 31, 2023 using your Livongo-provided meter. If you or one of your dependents enrolled in a Meijer medical plan is eligible to participate, Livongo will contact you by email or mail with enrollment instructions. Or you may contact Livongo directly to enroll at **1-800-945-4355** or welcome.livongo.com/meijer.

Virta offers clinically-proven treatment to reverse type 2 diabetes by focusing on the root cause to help you restore your metabolic health. Patients reduce their blood sugar and A1c while removing diabetes medications and losing weight. Enroll in this free program to receive medical supervision, one-on-one health coaching, diabetes testing supplies, and a private patient community. Because this program is highly customized, your care team will define what active participation means for you when you enroll. If you or one of your dependents enrolled in a Meijer medical plan is eligible to participate, Virta will contact you by email or mail with enrollment instructions. Or you may contact Virta directly at **1-844-847-8216** or virtahealth.com/join/meijer.

HINGE HEALTH

Hinge Health offers education, coaching, and exercise therapy for hip, knee, low back, neck, or shoulder conditions to help increase mobility, decrease pain, and improve overall wellbeing. Participants receive a connected device and wearable monitor for anytime, anywhere access during the 12-week program. Each week includes three virtual exercise therapy sessions, and each session can be completed in about 15 minutes. Active participation means completing at least six exercise therapy sessions before August 31, 2023. Contact Hinge Health at **1-855-902-2777** or visit hingehealth.com/meijer.

See the *Notice Regarding the Wellness Program* on page 15 that further describes the condition management wellness program. Eligible team members and/or spouses/domestic partners will be contacted directly by Livongo, Virta, or Hinge Health to enroll or may visit meijeriy.com to find enrollment information. If you have any questions about the condition management wellness program, please visit meijeriy.com for frequently asked questions or contact a BCBS member advocate at **1-800-452-6933**.



TRANSCARENT SURGERY CARE

Free Surgery: If your doctor recommends surgery, call Transcarent Surgery Care. Your dedicated care coordinator will help you select a top-rated provider and handle plan approvals, billing, scheduling, and travel arrangements. Because your health is what matters most, Meijer will pay for your eligible surgery. If you're enrolled in Health Select with HRA, your surgery costs \$0. If you are enrolled in Advantages Health with HSA, you need to meet your deductible. After that, your surgery is covered at no additional cost. That could mean significant savings for you or an enrolled family member.

To learn more, visit experience.transcarent.com/meijer or call **1-855-265-9803**.

Optional Spending Accounts

YOUR OPTIONS:

- Contribute to the health flexible spending account (HFSA)
- Contribute to the dependent care account (DCA)

Meijer offers the following tax-advantaged accounts to help you pay for certain out-of-pocket health or dependent care expenses.

Important Note!

If you elect Advantages Health with HSA, the HFSA is not available to you.

| HOW SPENDING ACCOUNTS WORK | HFSA | DCA |
|--|---|--|
| Estimate Your Expenses See examples of eligible expenses below. | Consider your eligible medical, prescription, dental, and vision expenses not covered by your plan. | Consider your annual dependent care expenses. |
| Enroll and Save on Taxes Contribute pre-tax dollars, up to the IRS limits, to your spending account. Your contributions will be deducted in equal amounts during the year. | Contribute \$200 - \$2,000 on a pre-tax basis. | Contribute on a pre-tax basis up to: <ul style="list-style-type: none"> · \$5,000 if you are single or married and filing a joint return; or · \$2,500 if you are married and filing separately. |
| Pay Your Eligible Expenses Use your spending account dollars throughout the year to help pay for certain eligible expenses. See the complete list of eligible expenses on the Meijer Rewards site. | Examples of eligible expenses (if not covered by your plan): <ul style="list-style-type: none"> · Medical, dental, vision, and prescription copays; · Eye exams, glasses, and contacts; · Hearing aids; and · Laboratory fees. | Examples of eligible expenses: <ul style="list-style-type: none"> · Work-related child or elder care; · Tuition for preschool and licensed day care centers that provide care while you work; and · Before- and after-school programs while you work. |
| Get Reimbursed Get reimbursed for expenses incurred from January 1 - December 31. The deadline to submit your 2023 claims is March 31, 2024. | Request reimbursement for eligible expenses you've incurred, up to the full amount of your annual election to your HFSA. (Pre-tax deductions continue throughout the year.) | Request reimbursement for eligible expenses you've incurred, up to the actual balance available in your DCA. |
| Unused Amounts Plan carefully. | You automatically carry over up to \$570 remaining in your account from one calendar year to the next. Any remaining funds in your account greater than \$570 will be forfeited at the end of the current calendar year. If you leave Meijer, you may request reimbursement for 2023 eligible expenses by March 31, 2024. | Your pledge amount must be used during the plan year. Any unused balance in your account will be forfeited at the end of the current calendar year. If you leave Meijer, you may request reimbursement for 2023 eligible expenses by March 31, 2024. |

KEEP YOUR RECEIPTS—IT'S AN IRS REQUIREMENT.

When you use your spending account debit card, many claims are auto-substantiated. However, you may be asked to submit your receipts to confirm eligibility. If you do not submit documentation as requested, Meijer will be required to convert those unsubstantiated values to taxable income with taxes taken out of your payslip. If you are no longer working or receiving pay, it will be added as taxable income on your W-2. Please respond to these requests in a timely manner to keep your account current.

Dental

YOUR OPTION:

- Meijer Dental

SAVINGS TIP! While you may see any licensed dentist, you'll have the lowest out-of-pocket costs if you see a Delta Dental PPO provider.

Dental benefits, through Delta Dental, encourage preventive dental care and provide coverage for a wide variety of dental services.

Meijer Dental is available to all team members.

If you are a part-time team member averaging fewer than 30 hours per week (or fewer than 28 hours for grandfathered part-time team members), you may enroll in Meijer Dental for team member only, team member plus child, or team member plus children coverage.

To find a network provider, check claim status or verify benefit levels, contact Delta Dental at **1-800-524-0149** or online at deltadentalmi.com.

DENTAL AT-A-GLANCE

| MEIJER DENTAL GROUP NUMBER: 5695 | |
|--|---|
| Plan Features | |
| Deductible Applies to Basic and Major Services only | \$50 per person per calendar year; limited to a maximum of \$150 per family per calendar year |
| Plan-Year Maximum The most the plan will pay during the calendar year | \$1,500 per person per calendar year |
| Diagnostic and Preventive Care | |
| Exams and Cleanings Two cleanings and exams per person per calendar year; includes specialist exams | Plan pays 100%, no deductible; includes periodontal maintenance cleanings |
| Radiographs (x-rays) | Plan pays 100%, no deductible Age 15 and older bitewing x-rays: Payable once in any two-calendar-year period* Under age 15 bitewing x-rays: Payable once in a calendar year Full mouth x-rays: Limited to once in any five-year period |
| Sealants | Plan pays 100%, no deductible Molars and bicuspid only; age 5 up to age 16 |
| Basic Services | |
| Minor Restorative - Fillings | You pay 50% after meeting the deductible |
| Periodontal - Gum Disease Treatment Endodontic - Root Canal Treatment Oral Surgery - Extractions and Dental Surgery | You pay 50% after meeting the deductible |
| Major Restorative - Crowns, Inlays, and Onlays | You pay 50% after meeting the deductible |
| Major Services | |
| Prosthodontics - Bridges, Dentures, and Implants | You pay 50% after meeting the deductible |
| Orthodontics | |
| For Dependent Children Only Through age 19 | The plan pays 50%, up to \$1,000 lifetime maximum |

*All time limitations are measured from last date of service in any Delta Dental record. Coordination of Benefits: When Meijer Dental is secondary, non-duplication applies. It will pay only up to the amount it would have paid as primary, minus whatever the primary plan paid for the same covered expense. If you use a non-participating dentist: Delta Dental will determine benefits based on charges up to an allowable amount for the given covered service. You are responsible for charges in excess of that allowable amount.

Vision

YOUR OPTION:

- Meijer Vision

SAVINGS TIP! While you may see any licensed provider, you'll receive the highest level of benefits if you see an in-network provider.

Vision benefits, through EyeMed, pay a portion of vision expenses, including eye exams and eyeglasses or contacts.

Meijer Vision is available to all team members.

If you are a part-time team member averaging fewer than 30 hours per week (or fewer than 28 hours for grandfathered part-time team members), you may enroll in Meijer Vision for team member only, team member plus child, or team member plus children coverage.

To find a network provider, check claim status, or verify benefit levels, contact EyeMed at 1-866-723-0514 or online at eyemed.com. Additional ID cards can be printed from eyemed.com or downloaded from the EyeMed app.

VISION AT-A-GLANCE

| | MEIJER VISION | |
|--|---|--|
| Plan Features | In-Network | Out-of-Network |
| Exam Once every plan year | Plan pays 100% | Plan pays 100% |
| Plan Year Maximum | Does not apply | \$150 per person per plan year Combined for exam, frames, lenses, or contact lenses |
| Frames and Lenses – Lenses are limited to one set per plan year | | |
| Frames | Plan pays 100%, up to \$125 allowance; 20% off balance over \$125 | Plan pays 50% |
| Lenses (per lens) | | |
| Single Vision | You pay \$20 | Plan pays 50% |
| Bifocal | You pay \$20 | Plan pays 50% |
| Trifocal | You pay \$20 | Plan pays 50% |
| Standard Progressive | You pay \$65 | Plan pays 50% |
| Lens Options UV coating, tint, anti-scratch coating, etc. | You pay \$15 – \$45 Other add-ons and services: 20% off retail price | Plan pays 50% |
| Contact Lenses – Limited to once per plan year in place of regular lenses | | |
| Conventional | \$125 allowance, 15% discount over \$125 | Plan pays 50% |
| Disposable | \$125 allowance, you pay any balance over \$125 | Plan pays 50% |
| Because the Meijer out-of-network benefit is a package, benefits must be used either all in-network or all out-of-network. For example, you cannot use the exam benefit out-of-network, and then use the in-network benefit for materials. Contact EyeMed if you have any questions. | | |

Coordination of Benefits: When this plan is secondary, non-duplication applies. Meijer Vision will pay only up to the amount it would have paid as primary, minus whatever the primary plan paid for the same covered expense.

Weekly Contribution Rates – Medical, Dental, and Vision

| | TEAM MEMBER ONLY | TEAM MEMBER PLUS CHILD | TEAM MEMBER PLUS CHILDREN | TEAM MEMBER PLUS SPOUSE/ DOMESTIC PARTNER | TEAM MEMBER PLUS FAMILY |
|--|------------------|------------------------|---------------------------|---|-------------------------|
| MEDICAL | | | | | |
| Advantages Health with HSA | | | | | |
| Salaried and full-time hourly | \$26.61 | \$40.80 | \$59.92 | \$67.57 | \$94.34 |
| Part-time – eligible for a subsidy* | \$26.61 | \$40.80 | \$59.92 | N/A | N/A |
| Part-time – not eligible for a subsidy | N/A | N/A | N/A | N/A | N/A |
| Health Select with HRA | | | | | |
| Salaried and full-time hourly | \$31.57 | \$48.96 | \$71.91 | \$81.09 | \$113.20 |
| Part-time – eligible for a subsidy | \$31.57 | \$48.96 | \$71.91 | N/A | N/A |
| Part-time – not eligible for a subsidy | \$152.08 | \$212.91 | \$288.95 | N/A | N/A |
| MEIJER DENTAL | | | | | |
| Salaried and full-time hourly | \$3.03 | \$4.25 | \$5.77 | \$6.38 | \$8.51 |
| Part-time | \$3.03 | \$4.25 | \$5.77 | N/A | N/A |
| MEIJER VISION | | | | | |
| Salaried and full-time hourly | \$0.51 | \$0.71 | \$0.97 | \$1.06 | \$1.41 |
| Part-time | \$0.51 | \$0.71 | \$0.97 | N/A | N/A |

*Includes part-time grandfathered team members.

Note: These weekly contribution rates do not include surcharges. If the HPN is available in your area, rates will be shown during the enrollment process in Meijer Rewards.

If you are a part-time team member averaging fewer than 30 hours per week (or fewer than 28 hours for grandfathered part-time team members):

- For medical, you may enroll in the Health Select with HRA for team member only, team member plus child, or team member plus children coverage. For rates, see *Part-time – not eligible for a subsidy* in the chart above.
- For dental and/or vision, you may enroll in Meijer Dental and/or Meijer Vision for team member only, team member plus child, or children coverage. For rates, see *Part-time* in the chart above.

KEEP MORE MONEY IN YOUR POCKET

Wellness Compliance: \$780 - \$1,560 per year for non-compliance

A wellness screening is required every other year. If you and your enrolled spouse/domestic partner are due for your wellness screening and complete it with your primary care physician or at a Meijer pharmacy by March 31, 2023, you will avoid the following wellness non-compliance surcharge:

- If you complete the requirements, but your spouse/domestic partner does not (or vice versa), you'll pay \$15 extra per week.
- If neither you nor your spouse/domestic partner complete the requirements, you'll pay \$30 extra per week.

Check Alight Well at alightwell.com for your last wellness screening date. If you were not enrolled in a Meijer medical plan last year or did not complete a screening last year, your screening deadline is March 31, 2023.

Note: The wellness non-compliance surcharge does not apply to mid-year enrollees.

Tobacco-Free Pledge: \$520 - \$1,040 per year for tobacco users

If you (and your spouse/domestic partner) enroll in a Meijer medical plan and pledge to be tobacco-free for the entire plan year, you will earn the tobacco-free incentive (\$10 per person per week). Recertification is required every year on the Meijer Rewards site. Meijer also offers a tobacco cessation program – at no cost to enrolled team members (and their spouse/domestic partner). If you complete the program requirements by the deadlines, you may earn back the tobacco-free incentive that was lost.

Spousal/Domestic Partner Surcharge: \$1,300 per year if other coverage is available

If you enroll your spouse/domestic partner in a Meijer medical plan AND your spouse/domestic partner has medical coverage available through his/her employer (other than Meijer), the \$25 per week spouse/domestic partner surcharge will apply. Recertification is required every year on the Meijer Rewards site.

Note: Surcharges are non-refundable.

Disability Income Protection

YOUR OPTIONS:

- Short-Term Disability
- Long-Term Disability

PROTECT YOUR PAY

What would happen if you couldn't work due to a non-work-related accident or illness? How would you pay your bills, make payments on your car or home, or provide for your kids' education? If you are unable to work due to an illness or non-work-related injury, disability coverage can replace a portion of your income until you are back on your feet.

Meijer offers short-term disability and long-term disability to protect your income if you can't work due to an illness or injury.

SHORT-TERM DISABILITY (STD)

If you are unable to work due to an off-the-job injury, disability, pregnancy, or illness, STD will pay you a portion of your wages.

For eligible benefits to be payable, active hourly team members must elect STD coverage at new hire enrollment or annually during open enrollment and pay a weekly contribution. You may view your specific STD available benefit and cost, as applicable, on the Meijer Rewards site.

LONG-TERM DISABILITY (LTD)

If you are unable to work for at least 180 days due to an injury or illness, the LTD benefit will provide you with a portion of your wages.

For eligible benefits to be payable, active hourly team members must elect the LTD benefit (evidence of insurability may be required). You may view your specific LTD available benefit, cost, and details, as applicable, on the Meijer Rewards site.

To receive the LTD benefit, you must average 20 hours of work per week before your leave begins. Other exclusions may apply.

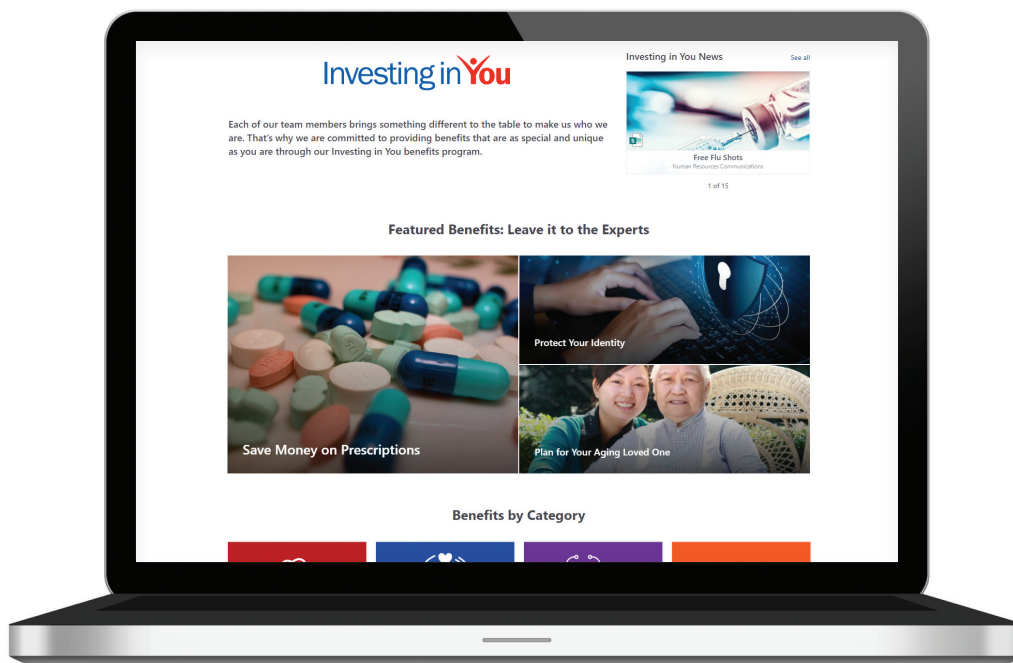
Additional Benefits

In addition to the benefits listed in this guide, Meijer offers many other benefits to support your total wellness.

Here are some benefits you may want to consider:

- **401(k) Retirement Plan:** When you contribute to your retirement, Meijer will also match a portion of the first 5% you contribute. Plus, Meijer provides a base contribution each year, regardless of how much you contribute. You can start contributing as soon as you are hired and can access your account at any time to track progress, change your investment strategy, and update your contribution rate. (Service requirements apply for base and matching contributions.)
- **Life and AD&D Insurance:** As a Meijer team member, you automatically receive life insurance coverage of at least one times your annual salary. You also have the option to purchase supplemental term life and accidental death & dismemberment (AD&D) insurance for yourself, your spouse/domestic partner, and your dependents.
- **Accident Insurance:** If you suffer an accidental injury, you may face unexpected expenses, like hospital care, physical therapy, care services, and more. With accident insurance, you'll receive a cash benefit paid directly to you following an accident. You can use the payment however you choose.
- **Critical Illness Insurance:** A major illness can have a major financial impact. You can lessen the burden with critical illness insurance, which pays you directly if you experience a heart attack, stroke, cancer, or other covered illness. You can use the payment however you choose.
- **Hospital Indemnity Insurance:** Hospital indemnity insurance pays you directly if you receive hospital care. You'll get a benefit for being admitted to the hospital and then for each day you remain in the hospital. Additional benefits are also paid based on the type of services you receive. You can use the payment however you choose.
- **Identity Theft Protection:** Data breaches and hacks are occurring more frequently than ever before. Let the professionals monitor your accounts, online profiles, and social media to protect you from becoming a victim of identity theft. If your information is compromised, you'll have a dedicated privacy advocate assigned to help you resolve the issue.

For the above additional benefits, you may enroll or make changes at any time during the year. For more information and a full list of benefits, visit meijeriy.com.



NOTICE REGARDING THE WELLNESS PROGRAM

The Meijer condition management wellness program is a voluntary wellness program for 2024 available to team members and spouses/domestic partners who are enrolled in Meijer group medical coverage in 2023, and are eligible to participate in Livongo (a program for diabetes), Virta (also a program for diabetes), or Hinge Health (a program for neck, low back, shoulder, hip and knee musculoskeletal (MSK) conditions). The condition management wellness program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve team member health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you are eligible to participate in the condition management wellness program due to qualifying medical conditions, you will be offered the opportunity to engage in Livongo, Virta, and/or Hinge Health services.

If eligible, you are not required to participate in the Livongo, Virta, or Hinge Health programs. However, eligible team members and/or spouses/domestic partners who participate in the condition management wellness program will either have copays waived (Health Select with HRA) or coinsurance waived after their deductible (Advantages Health with HSA) for office and specialist visits in 2024. Further, eligible team members and/or spouses/domestic partners who do not complete participation in the condition management wellness program will pay a higher deductible in 2024 with respect to their group medical coverage. Although eligible team members and/or spouses/domestic partners are not required to participate in the condition management wellness program, only eligible team members and/or spouses/domestic partners who do so will receive a lower deductible in 2024.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required under the condition management wellness program to earn the incentives explained above, you may be entitled to a reasonable accommodation or alternative standard. You may request a reasonable accommodation or alternative standard by submitting a completed reasonable alternative form or contacting Meijer Rewards at **1-866-681-6116**.

Blue Cross Blue Shield (BCBS) will review health claim information to identify whether you are eligible for Livongo or Virta (due to a diagnosis of diabetes) or for Hinge Health (due to musculoskeletal conditions). BCBS will share the contact information for team members and spouses/domestic partners who are eligible to participate in the Livongo, Virta, or Hinge Health programs with Livongo, Virta, or Hinge Health, as applicable. Livongo, Virta, and/or Hinge Health will then reach out to provide eligible team members and/or spouses/domestic partners with information and offer services through Livongo or Virta (such as education and coaching to maintain blood sugar at appropriate levels) or Hinge Health (such as education, coaching and exercise therapy to improve musculoskeletal health). You also are encouraged to share the information you receive from Livongo, Virta, and/or Hinge Health with your primary care doctor. Livongo, Virta, and Hinge Health will also share the names of participants who complete the eligibility requirements with Alight, Meijer's third-party benefits administrator, so that the condition management wellness program's incentives can be awarded.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the condition management wellness program and Meijer may use aggregate information it collects to design a program based on identified health risks in the workplace, the condition management wellness program will never disclose any of your personal information either publicly or to Meijer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the condition management wellness program, or as expressly permitted by law. Medical information that personally identifies you and is provided in connection with the condition management wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the condition management wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the condition management wellness program, or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the condition management wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are health coaches employed by Livongo, Virta, and/or Hinge Health in order to provide you with services under the condition management wellness program.

In addition, all medical information obtained through the condition management wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the condition management wellness program will be used in making any employment decision. Livongo, Virta, and Hinge Health do not receive your underlying claims information, and our benefits administrator, Alight, is only informed whether you are eligible to participate in the condition management wellness program, and whether you have completed participation in order to implement the deductible and copay/coinsurance adjustments. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the condition management wellness program, we will notify you immediately.

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Meijer Rewards at **1-866-681-6116**.

Questions?



IF YOU'RE ENROLLED IN A MEIJER MEDICAL PLAN, a member advocate through BCBS is available to answer your benefit questions and help you make informed health care decisions. Visit bcbsm.com/meijeradvocate or contact a member advocate at **1-800-452-6933**, 8 a.m. - 5:30 p.m. ET, Monday - Friday.

MEIJER REWARDS SERVICE CENTER

1-866-681-6116
digital.alight.com/meijer

MEDICAL

Blue Cross Blue Shield
1-800-452-6933
bcbsm.com

PRESCRIPTION DRUGS

Express Scripts
1-866-804-7647
express-scripts.com

DENTAL

Delta Dental
1-800-524-0149
deltadentalmi.com

VISION

EyeMed
1-866-723-0514
eyemed.com

SPENDING ACCOUNTS

DISABILITY INCOME PROTECTION

1-866-681-6116
digital.alight.com/meijer