



BENEFIT GUIDE

OCTOBER 1, 2024 - SEPTEMBER 30, 2025



Dear valued employee,

We are happy to provide you with this Benefit Guide to summarize your employee benefits for the 2024-2025 plan year.

Sonny's Enterprises, LLC recognizes that benefits are an important part of your life as an employee. Our benefits program will help you choose what works best for your needs and your budget.

This document is not just an enrollment guide; it is a resource for you and your family to use throughout the year. Inside you will find a summary of each benefit plan and helpful tips you may not have known about in the past. This guide is designed to break down the insurance benefits to help you make an informed decision regarding the selection and management of the services and benefits provided to you as an employee of Sonny's Enterprises, LLC.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 49-50 for more details.

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IMPORTANT NOTICE TO EMPLOYEES:

This Benefit Guide provides a general description of the various benefits available to you through the Sonny's Enterprises, LLC Employee Benefits program. The details of these plans and policies are contained in the official plan and policy documents.

This guide is meant only to cover the major points of each plan or policy, for illustrative purposes only. It does not contain all of the facts regarding coverage, limitations, or exclusions that are contained in the policy documents. In the event of a conflict between the information in this guide and the formal policy documents, the formal documents will govern.

SUMMARY OF BENEFITS & COVERAGE (SBC) NOTICE

Attached are your Federally Mandated Summary of Benefits and Coverage (SBC) documents for all offered medical plan options. In the following pages you will find simpler formatted, easy to understand plan summaries which provide a general description of the various benefits available to you through the Sonny's Enterprises, LLC Employee Benefits Program.

To access your SBCs you may scan or click the QR code below with your phone.



If you would prefer a printed copy, please contact your HR department.



ELIGIBILITY

FOR YOU

All full-time employees working an average of **30 hours** per week are eligible to enroll in benefits. For specific details, please refer to the plan documents.

New full-time employees' benefits for all lines of coverage will begin on the **1st of the month following 30 days of full-time employment.**

FOR YOUR FAMILY

Legislation regulates eligibility requirements for dependent coverage on medical insurance plans. It is important for everyone to understand what constitutes eligibility and what the implications could be for not following the eligibility guidelines.

Examples of Eligible Dependents includes:

- Legal spouse
- Domestic partner
- Dependent children

Healthcare reform legislation restricts a plan or issuer from denying coverage for a child under age 26 based on any of the following factors:

- Financial dependence on the employee
- Residency with the employee
- Student status
- Marital status
- Employment status

DEPENDENT COVERAGE

When you first enroll, and/or if you change coverage mid-year due to a qualifying event, you may be asked to provide the applicable documents from the following list:

Spouse Verification Documentation:

Marriage certificate

Child Verification Documentation:

Birth certificate, court document awarding custody or requiring coverage

Domestic Partner Documentation:

Completed and signed affidavit of domestic partnership

You can provide these documents to
Human Resources.



ENROLLMENT

When can I apply for my benefits?

- During your initial new hire eligibility period
- During the annual open enrollment period
- Within 30 days of a qualified life event

MID-YEAR ENROLLMENT CHANGES – Section 125 Cafeteria Plan

Employees receive the tax benefits of a Section 125 Cafeteria Plan. This plan allows you to pay for your employee benefits on a pre-tax basis to be deducted from your paycheck.

When you elect to pay for these authorized benefits pre-tax, you save because you are paying less in taxes. You do not pay Federal Income or Social Security taxes on these designated benefit dollars. Therefore, you lower your taxable income. This will allow you to take home more of your paycheck, decreasing the net cost of the benefit you are purchasing.



IRS regulations state that benefit choices cannot be changed in the middle of a plan year unless you experience a qualifying life event.

Changes must be reported within 30 days of the actual event.

Some common qualifying events may include:

- Marriage, divorce or death of spouse
- Birth, adoption or change in legal custody
- Loss of other coverage
- Change in Medicare or Medicaid entitlement
- FMLA or Military Leave

To determine if any of these apply to you, please check with your Human Resources representative.

PLEASE NOTE:

The IRS does not consider financial hardship a qualifying event to drop coverage.

MEDICAL INSURANCE

UNITED HEALTHCARE

Scan or click the QR code to access the carrier's website >>>



IN-NETWORK MEDICAL BENEFITS	CHOICE EPO 1500	CHOICE EPO 3000
Deductible (Individual / Family)	\$1,500 / \$3,000	\$3,000 / \$6,000
Is Deductible Calendar Year or Policy Year?	Policy Year	Policy Year
Is Deductible Embedded or Non Embedded	Embedded	Embedded
Out of Pocket Maximum (Individual / Family)	\$3,500 / \$7,000	\$5,500 / \$11,000
Coinsurance	20%	20%
Prescription Drugs	\$10 / \$35 / \$60 / 25%	\$10 / \$40 / \$85 / 25%
PHYSICIAN OFFICE VISITS		
Primary Care Physician	\$25	\$30
Specialist	\$50	\$55
Designated Virtual Network Provider	\$10	\$10
PREVENTIVE CARE		
Routine Adult Physical Exams		
Well Woman Exams	Covered 100%	Covered 100%
Routine Mammograms and Colonoscopy		
Well Child Exam & Immunizations		
DIAGNOSTIC / LABORATORY		
Independent Clinical Lab (Blood Work)	20% After deductible	20% After deductible
Independent Diagnostic Testing Facility (X-rays)	20% After deductible	20% After deductible
Advanced Imaging (MRI, PET, CT Scan, Nuclear Medicine)	\$300	\$300
HOSPITALIZATION / OUTPATIENT SERVICES		
Inpatient Hospitalization (Facility)	20% After deductible	20% After deductible
Outpatient Surgical Care (Hospital Facility)	20% After deductible	20% After deductible
Emergency Room	\$250	\$350
Urgent Care	\$75	\$75
OUT-OF-NETWORK BENEFITS		
Deductible (Individual / Family)		
Out of Pocket Maximum (Individual / Family)	N / A	N / A
Coinsurance		
EMPLOYEE BI-WEEKLY PAYROLL DEDUCTIONS		
Employee Only	\$80.35	\$40.87
Employee + Spouse	\$295.30	\$249.65
Employee + Child(ren)	\$244.28	\$204.70
Employee + Family	\$445.97	\$378.94

This information summarizes the Sonny's Enterprises, LLC medical benefits plans and is for illustrative purposes only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

MEDICAL INSURANCE

UNITED HEALTHCARE

Scan or click the QR code to access the carrier's website >>>



IN-NETWORK MEDICAL BENEFITS	CHOICE+ HSA
Deductible (Individual / Family)	\$4,000 / \$8,000
Is Deductible Calendar Year or Policy Year?	Policy Year
Is Deductible Embedded or Non Embedded	Non-Embedded
Out of Pocket Maximum (Individual / Family)	\$6,500 / \$13,000
Coinsurance	0%
Prescription Drugs	Deductible first, then \$10 / \$50 / \$100 / 10%
PHYSICIAN OFFICE VISITS	
Primary Care Physician	Deductible + Coinsurance
Specialist	Deductible + Coinsurance
Designated Virtual Network Provider	\$0 not subject to the Deductible
PREVENTIVE CARE	
Routine Adult Physical Exams	Covered 100%
Well Woman Exams	
Routine Mammograms and Colonoscopy	
Well Child Exam & Immunizations	
DIAGNOSTIC / LABORATORY	
Independent Clinical Lab (Blood Work)	Deductible + Coinsurance
Independent Diagnostic Testing Facility (X-rays)	Deductible + Coinsurance
Advanced Imaging (MRI, PET, CT Scan, Nuclear Medicine)	Deductible + Coinsurance
HOSPITALIZATION / OUTPATIENT SERVICES	
Inpatient Hospitalization (Facility)	Deductible + Coinsurance
Outpatient Surgical Care (Hospital Facility)	Deductible + Coinsurance
Emergency Room	Deductible + Coinsurance
Urgent Care	Deductible + Coinsurance
OUT-OF-NETWORK BENEFITS	
Deductible (Individual / Family)	\$8,000 / \$16,000
Out of Pocket Maximum (Individual / Family)	\$13,000 / \$26,000
Coinsurance	50%
EMPLOYEE BI-WEEKLY PAYROLL DEDUCTIONS	
Employee Only	\$0.00
Employee + Spouse	\$176.33
Employee + Child(ren)	\$144.41
Employee + Family	\$262.67

This information summarizes the Sonny's Enterprises, LLC Medical benefits plans and is for illustrative purposes only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

HEALTH SAVINGS ACCOUNT (HSA)

OPTUMBANK H.S.A



***Available ONLY with Choice+ HSA plan**

It's no secret that health care costs are getting less affordable every day. And the cost to provide health care coverage continues to escalate. Like many companies, we need to control these costs to stay competitive. At the same time, we want to be sure that our health benefits do what they are intended to do, which is to help you and your family achieve and maintain your health potential.

Fortunately, good health can actually cost less. Over the long-term, if our health benefits program can help you maintain or improve your health, we all win. That's why we are excited to offer a plan option that includes Health Savings Account (HSA) component **Choice+ HSA**. When you enroll in this plan, an HSA account will be opened for you that accumulates funds to cover your health care expenses.

Sonny's Enterprises, LLC will be contributing an annual amount of \$500 for Individual coverage/ \$1,000 for Employee and Dependent(s) coverage to your H.S.A. account. Annual contribution limits will include those funds deposited by your employer.

HSA's offer you the following advantages:

- **Tax Savings:** You contribute pre-tax dollars to the HSA. Interest accumulates tax-free and funds are tax-free to withdraw for medical expenses.
- **Reduce your out-of-pocket costs:** You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds you use can help you satisfy your plan's annual deductible.
- **Invest the funds and take them with you:** Unused account dollars are yours to keep even if you retire or leave the company. Additionally, you can invest your HSA funds, so your available health care dollars can grow over time.
- **The benefits of preventive care, without the cost:** Receive 100% coverage for nationally recommended preventive care, with no deduction from your HSA or out-of-pocket costs for you when you see an in-network provider.
- **The opportunity for long-term savings:** Save unused HSA funds from year to year – money you can use to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

To see a full list of current eligible and ineligible medical expenses visit:
www.irs.gov/pub/irs-pdf/p502.pdf

Maximum allowable HSA contributions are federally defined each year.

For 2024, the maximum contributions are \$4,150 for individual and \$8,300 for family.

For 2025, the maximum contributions are \$4,300 for individual and \$8,550 for family.

Individuals over 55 can make a \$1,000 catch up contribution.

FLEXIBLE SPENDING ACCOUNT (FSA)

iSolved Benefits

Scan or click the QR code to access the carrier's website >>>



Flexible Spending Accounts (FSAs) have become a popular vehicle for reducing rising health care costs. By contributing pre-tax dollars into an FSA, you can save an average of 20% on eligible expenses every year.

You may participate in the following spending accounts:

Health Care Flexible Spending Account

Employees use pre-tax dollars to pay for insurance deductibles, co-payments, glasses and contact lenses, orthodontia, over-the-counter medications, and hundreds of other health care-related expenses not covered by their insurance plans.

The maximum contribution amount for period 01/01/2024 through 12/31/2024 is \$3,200.

Dependent Care Flexible Spending Account

Employees use pre-tax dollars to be reimbursed for work-related day care expenses for their children or dependent adults.

The maximum contribution amount for period **01/01/2024 through 12/31/2024** is \$5,000 if you are married and filing a joint return or if you are a single parent. If you are married but filing separately, the annual maximum contribution is \$2,500.

Medical FSA / Dependent Care FSA - Key Differences

	MEDICAL FSA	DEPENDENT CARE FSA
Medical plan rules	Contributions to a health care FSA can only be made if you are not enrolled in a high-deductible health plan (HDHP) such as a Health Savings Plan (HSA).	Contributions to a dependent care FSA account can be made no matter what plan or medical coverage you have.
Contribution limit	\$3,200	\$5,000 (\$2,500 if you and your spouse file separate tax returns)*
Frontloaded	YES You can access your total annual contribution right away	NO Funds are available only as contributed

* This account is funded based on your pre-tax contributions. Only the amount currently in your account is eligible for reimbursement.

** For a complete list of eligible FSA expenses and guidelines, visit the IRS website at www.irs.gov. Publication 502 includes eligible Medical FSA expenses; Publication 503 includes eligible dependent care FSA expenses.

*** Eligible dependents include children up to age 13 or disabled dependent adults.



Please note:

Under the CARES Act effective March 27, 2020, claims for most over-the-counter medicine, medical supplies and feminine hygiene products can be purchased through an FSA without a prescription. This reverses the prior rule from January 1, 2011 in which a prescription was required.

The Act is effective retroactively to January 1, 2020.

WHICH ACCOUNT IS RIGHT FOR ME? FSA OR HSA?



HSA (Health Savings Account):

What is a Health Savings Account (HSA)?

An HSA allows an individual to set aside pre-tax dollars in a trust or custodial account to pay for qualified medical expenses.

2024 limits:

- » \$4,150 Single
- » \$8,300 Family
- » \$1,000 over 55+ catch-up contribution

2025 limits:

- » \$4,300 Single
- » \$8,550 Family
- » \$1,000 over 55+ catch-up contribution

To qualify for an HSA, you must meet the following criteria:

- You must be enrolled in a High Deductible Health Plan
- You cannot be enrolled in Medicare
- You cannot be enrolled in another health plan that is not an HDHP Plan

HSAs offer you the following advantages:

An HSA allows an individual to set aside pre-tax dollars in a trust or custodial account to pay for qualified medical expenses.

- Tax Savings. You contribute pre-tax dollars to the HSA. Interest accumulates tax-free and funds are tax-free to withdraw for healthcare expenses (including dental and vision)
- The funds are yours. Unused account dollars are yours to keep, even if you retire or leave the company.
- Funds are not use-it or lose-it, they carry over from year to year.

Health Care FSA (Flexible Spending Account):

General Purpose Health Care FSA reimburses you for health, prescription, dental, and vision expenses not covered or only partially covered by your medical, dental, and vision plans.

2024 limits:

- » \$3,200

2025 limits:

- » \$3,200

Dependent Care FSA (Flexible Spending Account):

A **Dependent Care FSA** reimburses you for dependent care expenses that you incur in order for you (and your spouse) to work, including childcare or care for dependents who are mentally or physically incapable of caring for themselves. The maximum contribution amount is \$5,000 if you are married filing a joint return or if you are a single parent. If you are married but filing separately, the annual maximum contribution is \$2,500.

For a complete list of eligible expenses reimbursable with an FSA account, as well as a complete list of ineligible expenses, please visit the following IRS website:

www.irs.gov/publications/p502/ar02.html#en_US_publink100017894

Know your Options

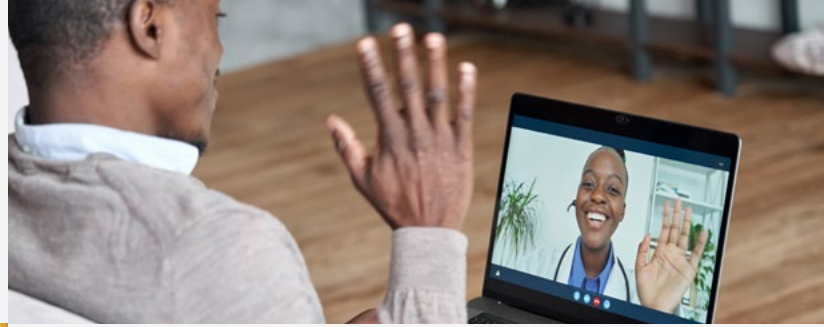
5 HEALTHCARE OPTIONS

to help you make the best decision for your medical needs

Virtual Visits \$

24/7/365 access to a doctor
through the convenience of phone or video consults

- You can receive care for:
- Cough, cold & flu • Allergies • Skin problems
 - Sinus problems • Minor fevers



Convenience Care Clinic \$

Your condition is not urgent or an emergency
You can receive care for:

- Cough, cold & flu • Pink eye • Urinary tract infections
- Ear infections • Head lice • Insect bites
- Minor burns, cuts, and scrapes • Sprains and strains



Doctor's Office \$\$

Routine care or treatment for a current health issue

- You can receive care for:
- Routine checkups • Immunizations • Preventive services
 - Manage medications



Urgent Care Center \$\$\$

You need medical care fast for a non-emergent medical issue

- You can receive care for:
- Migraines • Severe back pain • Vomiting and diarrhea
 - Minor broken bones • Asthma attacks • Severe cough
 - Animal bites • Wounds requiring stitches



Emergency Room \$\$\$\$

For a true medical emergency that results in serious jeopardy to your health, impairment of bodily functions or organs

- You can receive care for:
- Head trauma or loss of consciousness • Chest pain
 - Numbness or difficulty speaking • Severe abdominal pain
 - Coughing or vomiting blood • Severe bleeding and burns





WHAT IS A PREVENTIVE EXAM?

also called a "Physical," "Wellness Exam" or "Annual Exam"

A Preventive Exam is a scheduled medical evaluation of an individual that focuses on preventive care. It includes age and gender-appropriate history, a physical examination, a review of risk factors and plans to reduce them, and the ordering of appropriate immunizations, screening laboratory tests, ultrasound or diagnostic procedures.

What does this mean?

A Preventive Exam is an annual exam covering all prevention and health maintenance issues related to age, sex, and family history; it is a "Well Exam". A Preventive Exam is NOT a follow-up visit or a problem-based visit; it cannot be expected to deal with everything bothering you since your last visit.

A SECOND Service May Be Necessary

If time and the provider's judgment allow, new problems or chronic disease follow-up issues may be addressed as a SECOND service during a Preventive Exam visit.

NOTE: Your insurance plan may require a co-pay or apply charges to your deductible for a SECOND service provided during a Preventive Exam visit.

For more information on Preventive Health such as free services offered to you, visit www.hhs.gov/healthcare/about-the-aca/preventive-care/index



PRESCRIPTIONS RX

There are other sources to help cover the cost of antibiotics, HBP medicine, cholesterol, or supplies for diabetes.



Works with or without insurance

Create an account at [CostPlusDrugs.com](https://www.costplusdrugs.com) and have your prescription from your provider submitted to [CostPlusDrugs.com](https://www.costplusdrugs.com).

The prescription will be sent via mail if it is one they carry. You must determine this before submitting your prescription as availability changes frequently.

A complete list of drugs is available at [CostPlusDrugs.com/medications](https://www.costplusdrugs.com/medications)



Works with or without insurance

\$5 per month

(For Prime members only)

You must create an account at [amazon.com](https://www.amazon.com) or use your current Amazon Prime membership. Your provider must submit your prescription to Amazon.

The prescription will be sent via mail if it is one they carry. You must determine this before submitting your prescription as availability changes frequently.

A complete list of drugs is available at [pharmacy.amazon.com/how-it-works](https://www.pharmacy.amazon.com/how-it-works)



Outside of Insurance - leverages coupons for your prescription drug up to 50% off.

You must download the app and create an account at [GoodRx.com](https://www.goodrx.com). The app is FREE!

The downfall of GoodRx purchases is they do NOT accumulate toward your deductible or OOP expense as they are not run through the insurance. The upside is you can generally go to local retail merchants that may already have your Rx on file or easily transfer it from another retail pharmacy (e.g. Walgreens to CVS, etc).

A complete list of drugs is available at [goodrx.com](https://www.goodrx.com) or the GoodRx app.

Mail order Rx

Mail order Rx

Local Rx

DENTAL INSURANCE

UNITED HEALTHCARE



Scan or click the QR code to access the carrier's website >>>

BENEFITS SUMMARY

	DHMO EXCLUSIVE NETWORK PLAN	DENTAL PPO
Annual Deductible(Individual/Family)	N/A	\$50 / \$150
Annual Benefit Maximum	N/A	\$2,500
Out-of-Network is MAC or UCR?	N / A	MAC (Maximum Allowable Charge)
	IN-NETWORK	IN-NETWORK & OUT-OF-NETWORK

PREVENTIVE SERVICES-DEDUCTIBLE WAIVED

	IN-NETWORK	IN-NETWORK & OUT-OF-NETWORK
Oral Evaluations		
Prophylaxis: Cleanings		
Flouride Treatment (child only)		
Bitewing X-rays, Full Mouth X-rays	\$0	100% No deductible
Sealants		
Space Maintainers		

BASIC SERVICES

	IN-NETWORK	IN-NETWORK & OUT-OF-NETWORK
Amalgam Restorations (Silver Fillings)	\$0	100% Deductible applies
Simple Extractions	\$10	

MAJOR SERVICES

	IN-NETWORK	IN-NETWORK & OUT-OF-NETWORK
Periodontal Scaling	\$36	60% Deductible applies
Dentures	\$210+	
Crown	\$195+	

ORTHODONTIA SERVICES

	IN-NETWORK	IN-NETWORK & OUT-OF-NETWORK
Diagnostics and Treatments (age limit: 30)	Child: \$1,850+ Adult: \$1,950+	50% to \$1,000 Lifetime (Dependents under age 19 only)

EMPLOYEE BI-WEEKLY PAYROLL DEDUCTIONS

	IN-NETWORK	IN-NETWORK & OUT-OF-NETWORK
Employee Only	\$6.28	\$13.80
Employee + Spouse	\$10.99	\$27.60
Employee + Child(ren)	\$13.61	\$39.07
Employee + Family	\$17.27	\$53.65

This information summarizes the Sonny's Enterprises, LLC Dental benefits plans and is for illustrative purposes only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

VISION INSURANCE

UNITED HEALTHCARE



Scan or click the QR code to access the carrier's website >>>

BENEFIT SUMMARY	UHC VISION IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Eye Examination	\$10	\$40 allowance	12 Months
Materials Copay	\$10	--	
Eyeglass Frames	\$150 allowance; up to 30% discount on amount over allowance	\$45 allowance	24 Months

STANDARD EYEGLASS LENSES

Single Vision	Covered 100% after \$10 copay	\$40 allowance	12 Months
Bifocal		\$60 allowance	
Trifocal		\$80 allowance	
Lenticular		\$80 allowance	

CONTACT LENSES (IN LIEU OF EYEGLASSES)

Elective	\$160 allowance	\$135 allowance	12 Months
Contact Fitting & Evaluation	\$60 allowance	--	
Medically Necessary	Covered 100%	\$210 allowance	

EMPLOYEE WEEKLY PAYROLL DEDUCTIONS

Employee Only	\$3.79
Employee + Spouse	\$6.38
Employee + Child(ren)	\$6.51
Employee + Family	\$10.29



Elective Contact Lenses are in lieu of glasses (lenses & frames). You are not eligible for glasses under our plan until 12 months after you receive contacts and vice versa.

This information summarizes the Sonny's Enterprises, LLC Vision benefits plans and is for illustrative purposes only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

Get answers about your benefits, claims and more.

Registration is quick and simple:

- 1 Go to myuhc.com[®].
- 2 Click the “Register Now” button.
- 3 Enter your name, date of birth and the account numbers from your health plan ID card. Or, enter your Social Security number and date of birth.
- 4 Create a username and password.
- 5 Enter your email address and optional phone numbers, and choose security questions.
- 6 Review and agree to the website policies, and be sure to keep the email opt-in checked so you get relevant news and wellness information.

Upon registering, you will receive Explanations of Benefits, claim letters, regulatory notices and other important information by email. You may choose to get paper communications at any time by changing your Mailing Preferences.

On myuhc.com, you can:

- Check past and current statements and claim status.
- Review eligibility and look up benefits.
- Find a hospital or doctor, including UnitedHealth Premium[®] designated physicians.
- Print a temporary health plan ID card or request a replacement card.
- Take a health assessment and participate in online programs designed to help you set goals toward your health objectives.
- Learn about health conditions, symptoms and the latest treatment options.
- Use the **Individual** Health Record to organize and store your health data in one convenient, confidential place.

BASIC LIFE AND AD&D INSURANCE

MUTUAL OF OMAHA



Scan or click the QR code to access the carrier's website >>>

100% Employer-Paid!

BENEFITS SUMMARY

LIFE BENEFIT AMOUNT

\$25,000

AD&D BENEFIT AMOUNT

Same as Life Benefit

BENEFITS WILL REDUCE TO:

- 65% at age 65
- 45% at age 70
- 30% at age 75
- 20% at age 80
- 15% at age 85
- 10% at age 90

This information summarizes the Sonny's Enterprises, LLC Basic Life and AD&D benefits plans and is for illustrative purposes only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

VOLUNTARY LIFE AND AD&D INSURANCE

MUTUAL OF OMAHA



Scan or click the QR code to access the carrier's website >>>

BENEFITS SUMMARY

EMPLOYEE LIFE BENEFIT	SPOUSE LIFE BENEFIT	CHILD LIFE BENEFIT
Benefit Increment: \$10,000	Benefit Increment: \$5,000	Benefit Increment: \$10,000
Minimum Benefit: \$10,000	Minimum Benefit: \$5,000	Minimum Benefit: \$10,000
Maximum Benefit: \$500,000 up to 5 x annual EE salary	Maximum Benefit: 100% of employees benefit up to \$250,000	Maximum Benefit: 100% of employees benefit up to \$10,000
Guarantee Issue Amount: 5x annual salary up to \$150,000	Guarantee Issue Amount: \$25,000	Guarantee Issue Amount: \$10,000

The Guarantee Issue applies for new employees offered insurance for the first time. All other elections must complete an EOI to be approved by Mutual of Omaha.

BENEFIT REDUCTION

- 45% at age 70
- 30% at age 75
- 20% at age 80
- 15% at age 85
- 10% at age 90



This information summarizes the Sonny's Enterprises, LLC Voluntary Life benefits and AD&D plans and is for illustrative purposes only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

EMPLOYER-PAID SHORT-TERM DISABILITY INSURANCE (STD)

MUTUAL OF OMAHA

Scan or click the QR code to access the carrier's website >>>



100% Employer-Paid!

BENEFITS SUMMARY

Elimination period for accident	7 calendar days
Elimination period for illness	7 calendar days
Benefit duration	26 weeks
Benefit percent	60%
Benefit maximum	Up to \$1,000 per week

VOLUNTARY LONG-TERM DISABILITY INSURANCE (LTD)

MUTUAL OF OMAHA

Scan or click the QR code to access the carrier's website >>>



BENEFITS SUMMARY

Elimination period for accident	180 days
Elimination period for illness	180 days
Benefit amount	Up to 60% of monthly salary
Benefit maximum	\$6,000 per month
Duration of benefits	Social Security Normal Retirement Age as long as you remain disabled
Definition of disability	24 months own occupation
Pre-existing conditions	12 months prior



This information summarizes the Sonny's Enterprises, LLC Disability benefits plans and is for illustrative purposes only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

VOLUNTARY SUPPLEMENTAL INSURANCE

UNITED HEALTHCARE



Sonny's Enterprises, Inc.
 Summary of Benefits: Accident
 Protection Plan
 Plan Effective Date: 10/01/2024

ACCIDENT

Help protect yourself from the unexpected cost of an accident with UnitedHealthcare.

The Accident Protection Plan helps protect employees from costly expenses associated with an accident. All benefits are paid directly to the insured and can be used towards any expense.

Your Accident Protection Plan highlights:

Class 1 - All Active Full Time Employees working a minimum of 30 hours per week

Benefits Payable*	Maximum Amount Payable per Insured
<i>*All Benefits are payable once per covered accident unless otherwise noted</i>	
Accidental Death & Dismemberment (Spouse Benefit is 100% of EE; Child benefit 50% of EE)	
Death & Dismemberment	
- Life	\$100,000
- Both hands or both feet	\$100,000
- One hand and one foot	\$100,000
- One hand or one foot	\$50,000
- Two or more fingers or toes	\$20,000
- One finger or one toe	\$10,000
Common Carrier	
- Life	\$400,000
Initial Care	
Ground Ambulance	\$1,000
Air Ambulance	\$3,600
Emergency Room Treatment	\$500
Physician Office/Urgent Care (1 per covered accident)	\$75
Hospital Care	
Hospital Admission (1 per covered accident)	\$3,000
Hospital Confinement (up to 365 days per year)	\$1,000
Hospital ICU Admission (1 per covered accident)	\$6,000
Hospital ICU Confinement (up to 30 days per year)	\$2,000
Follow Up Care	
Appliances Benefit	
- Wheelchair	\$750
- Knee Scooter	\$750
- Knee Immobilizer	\$750

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.



Sonny's Enterprises, Inc.
 Summary of Benefits: Accident
 Protection Plan
 Plan Effective Date: 10/01/2024

- Lumbar Spine Brace	\$750
- Walking Boot	\$500
- Walker	\$500
- Crutches	\$500
- Leg Brace	\$500
- Cervical Collar	\$500
- Cane	\$250
- Ankle Brace	\$250
- Ankle Boot	\$250
- Air Cast	\$250
Follow up Physician Visit (5 per covered accident)	\$100
Major Diagnostic Exam (1 per plan year)	
- MRI; CT; PET; EEG; ImPACT; or SPECT scan	\$200
Minor Diagnostic Exam (1 per plan year)	
- X-ray; or a laboratory test	\$100
Prosthetic	
- One Device	\$1,500
- Two or More Devices	\$3,000
Rehabilitation Facility (per day up to 30 days)	\$600
Rehabilitation Therapy (per visit up to 10 Visits)	\$180
Common Injuries	
Abdominal/Thoracic Surgery	
- Surgery to repair	\$5,000
- Exploratory without repair	\$500
Arthroscopic Surgery	\$1,000
Cranial Surgery	\$1,000
Eye Surgery	
- Removal of foreign body	\$400
- Surgical Repair	\$600
Hernia Surgery	\$1,000
Non-Specific Surgery	
- General Anesthesia	\$1,000
- Conscious Sedation	\$500
Tendon / Ligament / Shoulder Cartilage / Rotator Cuff / Knee Cartilage Surgery	
- Surgery to repair one	\$2,000
- Surgery to repair more than one	\$4,000
- Exploratory without	\$600

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Sonny's Enterprises, Inc.
 Summary of Benefits: Accident
 Protection Plan
 Plan Effective Date: 10/01/2024

<i>repair</i>	
Blood/Plasma/Platelets	\$1,500
Burns	
- 2nd Degree (at least 36% of body surface)	\$1,000
- 3rd Degree (9 to 34 sq. inches)	\$3,000
- 3rd Degree (35 or more sq. inches)	\$3,000
- Skin Graft pays 25% of burn benefit	
Coma	\$30,000
Concussion	\$300
Dislocations	Surgically Corrected/Non-Surgically Corrected
- Hip	\$12,000 / \$6,000
- Knee Cap (Patella)	\$6,000 / \$3,000
- Ankle	\$4,000 / \$2,000
- Foot (except toes)	\$4,000 / \$2,000
- Elbow	\$2,000 / \$1,000
- Collar Bone (Sternoclavicular)	\$2,400 / \$1,200
- Hand	\$2,000 / \$1,000
- Lower Jaw	\$2,000 / \$1,000
- Shoulder Blade	\$2,000 / \$1,000
- Wrist	\$2,000 / \$1,000
- Collar Bone (Acromioclavicular separation)	\$1,000 / \$500
- Finger	\$1,000 / \$500
- Toe	\$1,000 / \$500
Emergency Dental Work	
- Crown(s)	\$400
- Extraction(s)	\$200
Family Child Daycare	\$60
- per day up to 30 days per covered accident	
Fractures	Surgically Corrected/Non-Surgically Corrected
	Chip Fractures: 25% of the Surgically Corrected Amount
- Skull (Depressed, except bones of face or nose)	\$12,000 / \$6,000
- Sternum	\$10,000 / \$5,000
- Hip, Thigh (Femur)	\$10,000 / \$5,000
- Skull (Simple, except bones of face or nose)	\$6,665 / \$3,335
- Leg (from top of tibia to	\$5,000 / \$2,500

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Sonny's Enterprises, Inc.
 Summary of Benefits: Accident
 Protection Plan
 Plan Effective Date: 10/01/2024

<i>ankle joint)</i>	
- Pelvis (Excluding Coccyx)	\$5,000 / \$2,500
- Vertebrae (body of)	\$5,000 / \$2,500
- Sacral Sacrum	\$2,000 / \$1,000
- Face or Nose (except teeth)	\$2,400 / \$1,200
- Upper Arm (Elbow to Shoulder)	\$2,400 / \$1,200
- Upper Jaw (except Alveolar process)	\$2,400 / \$1,200
- Ankle	\$2,000 / \$1,000
- Foot (except Toes)	\$2,000 / \$1,000
- Forearm, Hand, Wrist (except Fingers)	\$2,000 / \$1,000
- Kneecap	\$2,000 / \$1,000
- Lower Jaw (except Alveolar process)	\$2,000 / \$1,000
- Shoulder Blade or Collarbone	\$2,000 / \$1,000
- Vertebral Process	\$2,000 / \$1,000
- Coccyx	\$1,865 / \$935
- Finger or Toe	\$800 / \$400
Lacerations	
- Greater Than 15 cm	\$40
- 5 cm - 15 cm	\$75
- Less Than 5 cm	\$150
- Not Requiring Sutures	\$300
Lodging	
- per day up to 30 days per covered accident for treatment more than 100 miles away	\$300
Medical Supplies	
- Over-the-counter (1 time per plan year)	\$30
Paralysis	
- Hemiplegia	\$20,000
- Paraplegia	\$20,000
- Quadriplegia	\$40,000
Ruptured / Herniated Disc	\$1,600
Transportation	
- 3 trips per covered accident for treatment more than 100 miles away	\$400
Organized Sporting Activity Injury	
Payable for all covered persons	Increases Follow Up Care and Common Injuries benefits by 25%

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Plan Provisions	
Portability	Included



Sonny's Enterprises, Inc.
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 10/01/2024

Frequently Asked Questions about your Accident Protection Plan (APP)

Am I eligible for coverage?	You are eligible if you are working a minimum of working a minimum of 30 hours per week and considered benefit eligible by your employer.
What does Accident Coverage provide me?	Accident coverage helps to provide financial protection against the unexpected expense of a covered accident.
What is considered an accident?	An Accident is an unforeseen event that occurs suddenly as the result of trauma and results in bodily injury. For a benefit to be payable, the accident must occur while coverage is in force.
Who pays for my coverage?	Your employer has made coverage available to all eligible employees on a voluntary basis, which means you pay your premiums if you elect the coverage.
When does my coverage go into effect?	You must be Actively at Work with your employer, as defined in your plan, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.
Can I receive a benefit for more than one accident per plan year?	Yes. Benefits are payable per accident, regardless of the number of accidents that occur.
I had an accident that resulted in a broken leg before I elected the Accident Protection Plan and am still seeing my doctor and undergoing physical therapy. Would I be eligible for any of the benefits on the plan?	For a benefit to be payable, coverage must be in force on the date of the accident. Therefore, in this situation, because the accident occurred prior to the coverage effective date, a benefit would not be payable.

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Sonny's Enterprises, Inc.
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 10/01/2024

Other Important Details:

This Summary of Benefits sheet is an overview of the coverage being offered and is provided for illustrative purposes only. This is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

If you need to file a claim:

- Contact the employer.
- Complete, sign and date the necessary forms.
- Send the completed forms via fax or mail to the contact details listed on the claim form. You may also email the completed forms to fpcustomersupport@uhc.com.

Exclusions and Limitations*

We will not pay a benefit for a loss contributed to or caused by:

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);
2. suicide or intentionally self-inflicted Injury;
3. active participation in a riot;
4. committing or attempting to commit a crime, or participating or attempting to participate in a crime;
5. taking part in the commission of an assault or being engaged in an illegal activity;
6. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for You by a Physician and taken as prescribed;
8. driving or in physical control of a Motor Vehicle while Intoxicated;
9. engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law;
10. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
11. travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
12. travel or flight in, or descent from any aircraft, except if employment duties require You to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
13. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received; or
14. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employers' Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule;

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Sonny's Enterprises, Inc.
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 10/01/2024

15. an Accident that occurs outside of the United States.

In addition to the exclusions shown above, no payment will be made for Treatment received outside of the United States.

**The above list is intended for illustrative purposes only. State specific exclusions and language may apply. Please refer to your Certificate of Coverage for detailed information.*



Sonny's Enterprises, Inc.
Summary of Benefits: Accident
Protection Plan
Plan Effective Date: 10/01/2024

Accident Protection Plan Cost Summary

Bi-Weekly Rates	Voluntary
Quoted Rates - Per Employee Per Pay Period (26)	Option A
Employee Only	\$7.76
Employee & Spouse	\$12.29
Employee & Children	\$16.53
Employee & Spouse & Children	\$25.04

UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company on form UHI-ACC-POL (2018) et al., in Texas on form UHI-ACC-POL-TX (2018) and in Virginia on form UHI-ACC-POL-VA (2018). The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

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HOSPITAL

Help protect yourself from the high costs of hospital care with UnitedHealthcare.

Hospital Indemnity Protection Plan helps protect employees from costly hospital expenses. All benefits are paid directly to the insured and can be used towards any expense.

Your Hospital Indemnity Protection Plan highlights:

Eligibility: All Active Full Time Employees working a minimum of 30 hours per week.

Plan Benefits	Benefit Amount Option A	Benefit Amount Option B
Hospital Admission <i>Payable once per Injury or sickness, on the day of admission.</i> <i>(up to 3 Days per plan year)</i>	\$1,500	\$2,500
Hospital Confinement <i>Payable once per day of confinement for an injury or sickness. Confinement begins on day 2.</i> <i>(up to 364 Days per plan year)</i>	\$150	\$250
ICU Confinement <i>Payable once per day of confinement for an injury or sickness. Confinement begins on day 2.</i> <i>(up to 364 Days per plan year)</i>	\$150	\$250
ICU Admission <i>Payable once per Injury or sickness, on the day of admission.</i> <i>(up to 3 Days per plan year)</i>	\$1,500	\$2,500
Inpatient Surgery <i>Payable once per Injury or sickness</i> <i>(up to 2 Days per plan year)</i>	\$1,000	\$2,000
Additional Benefits	Benefit Amount Option A	Benefit Amount Option B
Wellness Benefit	\$100	\$100

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Wellness Benefits Covered Exams

Blood test for triglycerides
Bone marrow testing
Breast ultrasound
CA 15-3 (blood test for breast cancer)
CA 125 (blood test for ovarian cancer)
CEA (blood test for colon cancer)
Chest X-ray
Colonoscopy
Fasting blood glucose test
Flexible sigmoidoscopy
Hemoccult stool analysis
Mammography
Pap smear
PSA (blood test for prostate cancer)
Serum Protein Electrophoresis (blood test for myeloma)
Serum cholesterol test to determine level of HDL and LDL
Stress test on a bicycle or treadmill
Thermography
Virtual Colonoscopy

Benefit paid upon completion of a covered wellness exam or health screening test. One covered test per calendar year per covered member. Children are excluded from Wellness

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Sonny's Enterprises, Inc.
**Summary of Benefits: Hospital Indemnity
Protection Plan**
Plan Effective Date: 10/01/2024

Frequently Asked Questions about your Hospital Indemnity Protection Plan (HIPP)

What does HIPP Coverage provide me?	Hospital Indemnity coverage provides protection against the expense of hospital care as a result of an illness or injury.
Who pays for my Hospital Indemnity coverage?	Your employer has made HIPP coverage available to all eligible employees on a voluntary basis, which means you pay your premiums if you elect the coverage. You may also have the option to purchase coverage for your Spouse or Child.
Am I eligible for coverage?	You are eligible if you are working a minimum of 30 hours per week and considered benefit eligible by your employer.
When does my coverage go into effect?	You must be Actively at Work with your employer, as defined in your plan, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.
Is pregnancy covered under my HIPP plan?	Yes, hospitalization for routine labor and delivery is included with your HIPP coverage. Complications of Pregnancy are covered to the same extent as any other sickness.
How do I cover a newborn child?	Newborn children are covered from the moment of live birth for the first 31 days. You would need to notify us within 31 days of the birth if you want to enroll that child, regardless of whether there are existing dependent children covered.
Is newborn/nursery care covered under my HIPP plan?	A newborn child's routine nursing or routine well baby care is not included. If the newborn is admitted and confined to the hospital due to complications, it would be covered as any other sickness.
Are Confinement benefits payable on the day I am admitted to the hospital or ICU?	Confinement benefits begin on the day following admission. For a confinement benefit to be payable, a room and board charge must be incurred for that day.

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Sonny's Enterprises, Inc.
Summary of Benefits: Hospital Indemnity
Protection Plan
Plan Effective Date: 10/01/2024

If I am admitted to the ICU will I also get the Hospital Admission benefit?	Each covered person may receive 3 Days Hospital and 3 Days ICU Admission benefit per plan year. If a covered person is admitted to the ICU, and has not exhausted their Hospital Admission benefit, the Hospital Admission benefit would be payable in addition to the ICU Admission benefit.
If I am confined to the ICU will I also get the Hospital Confinement benefit for those days?	Each covered person may receive benefits for up to 364 Days of confinement in a Hospital and up to 364 Days of confinement in ICU, per plan year. If a covered person is confined to the ICU, and has not exhausted their Hospital Confinement benefits, the Hospital Confinement benefit would be payable in addition to the ICU Confinement benefit.
Can I keep my HIPP coverage if I leave my employer?	Your policy contains the following. See your HR Representative or your Certificate of Coverage for your specific provisions. Your Employer will provide the initial paperwork. Portability <ul style="list-style-type: none">• May be available for spouse and children when the employee elects portability.• You can continue all or a portion of your HIPP insurance.• Evidence of Insurability is not required.• Must apply and pay premium within 31 days of termination of your HIPP insurance*.

*Some state variations may apply

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Sonny's Enterprises, Inc.
Summary of Benefits: Hospital Indemnity
Protection Plan
Plan Effective Date: 10/01/2024

Other Important Details:

This Summary of Benefits sheet is an overview of the coverage being offered and is provided for illustrative purposes only. This is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

If you need to file a claim:

- Contact the employer
- Complete, sign and date the necessary forms.
- Send the completed forms via fax or mail to the contact details listed on the claim form. You may also email the completed forms to fpcustomersupport@uhc.com.

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Exclusions and Limitations *:

This Policy does not cover any loss caused by or resulting from (directly or indirectly):

1. an act or Accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature;
2. loss sustained while on active duty as a member of the armed forces of any nation [except during any time period coverage is extended under the Continuation during Leave of Absence provision];
3. any intentionally self-inflicted Injury;
4. active participation in a riot;
5. committing or attempting to commit a felony, or participating or attempting to participate in a felony;
6. taking part in the commission of an assault or being engaged in an illegal activity;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a Physician; this exclusion does not apply to the Drug and Alcohol Treatment Benefit (Inpatient) if covered under this Policy;
8. cosmetic or elective surgery; or
9. treatment received outside the United States or its territories;
10. the reversal of a tubal ligation or vasectomy;
11. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician services, unless required by law;
12. participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports;
13. a newborn child's routine nursing or routine well baby care during the initial Confinement in a Hospital;
14. driving in any organized or scheduled race or speed test or while testing an automobile or any
15. mental and Nervous Disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this Policy;
16. dental or plastic surgery for Cosmetic purposes except when such surgery is required to: (a) treat an Injury; or (b) correct a disorder of normal bodily function; and
17. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received

**The above list is intended for illustrative purposes only. State specific exclusions and language may apply. Please refer to your Certificate of Coverage for detailed information.*

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Sonny's Enterprises, Inc.
Summary of Benefits: Hospital Indemnity
Protection Plan
Plan Effective Date: 10/01/2024

Hospital Indemnity Cost Summary (Current Bi-Weekly rates)

Bi-Weekly Rates	Voluntary *	
Quoted Rates - Per Employee Per Pay Period (26)	Option A	Option B
Employee Only	\$9.95	\$13.70
Employee & Spouse	\$24.50	\$34.74
Employee & Children	\$15.34	\$24.58
Employee & Spouse & Children	\$28.71	\$46.07

***Cost Includes Wellness Benefit**

UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company on policy forms UHIHIP-POL-TX, et al. and UHIHIP-CERT-TX, et al. in Texas and UHIHIP-POL-VA, et al. and UHIHIP-CERT-VA, et al. in Virginia. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

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CRITICAL ILLNESS

Help protect yourself from costly medical expenses with UnitedHealthcare.

Critical Illness Protection Plan helps protect employees from costly expenses associated with the diagnosis of a serious illness. All benefits are paid directly to the insured and can be used towards any expense.

Your Critical Illness Protection Plan highlights:

Eligibility: All Active Full Time Employees working a minimum of 30 hours per week. Employee must purchase coverage in order to purchase dependent coverage. Dependent children are covered to age 26.

Maximum Benefit Amount	Option A	Option B
Employee	\$10,000	\$20,000
Spouse	\$5,000	\$10,000
Child(ren)	\$5,000	\$10,000

Plan Provisions	
Reoccurrence Benefit**	Benefit payable for the same Covered Condition
Cancer Reoccurrence Benefit	Benefit payable for the same Cancer Condition category
Portability	Included

Covered Conditions	Percentage of Insured's Maximum Benefit Amount Payable
Cancer Conditions	
Invasive Cancer	100%
Non-invasive Cancer	25%
Skin Cancer	\$250
Vascular Conditions	
Coronary Artery Disease Minor (Stent or Angioplasty)	25%
Coronary Artery Disease Major (Bypass Surgery)	50%
Heart Attack	100%
Ruptured Aneurysm	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Organ Failure Conditions	
Bone Marrow Disease	100%
Chronic Renal Failure**	100%
Heart Failure**	100%
Major Organ Failure (Liver, Lung, Pancreas, Small Bowel)	100%
Functional Loss Conditions	
Coma	100%
Loss of Hearing**	100%

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Sonny's Enterprises, Inc.
Summary of Benefits: Critical Illness Protection
Plan Effective Date: 10/01/2024

Loss of Sight**	100%
Loss of Speech**	100%
Paralysis	100%
Severe Brain Damage	100%

Additional Conditions

Addison's Disease**	50%
Benign Brain Tumor	100%
Crohn's Disease**	25%
Myasthenia Gravis**	25%
Severe Burns**	100%
Systemic Lupus Erythematosus**	25%
Systemic Sclerosis (Scleroderma)**	25%

Childhood Disease Conditions**

Cerebral Palsy	100% of Dependent Child Benefit
Childhood Diabetes	100% of Dependent Child Benefit
Cleft Lip / Palate	100% of Dependent Child Benefit
Congenital Heart Disease	100% of Dependent Child Benefit
Cystic Fibrosis	100% of Dependent Child Benefit
Down Syndrome	100% of Dependent Child Benefit
Muscular Dystrophy	100% of Dependent Child Benefit
Sickle Cell Anemia	100% of Dependent Child Benefit
Spina Bifida	100% of Dependent Child Benefit

Neurological Disease Conditions (diagnosis only)**

Alzheimer's Disease	50%
Amyotrophic Lateral Sclerosis (ALS)	50%
Huntington's Disease	50%
Multiple Sclerosis	50%
Parkinson's Disease	50%

Advanced Neurological Disease Conditions (loss of ADLs)**

Advanced Alzheimer's Disease	100%
Advanced Parkinson's Disease	100%

Additional Benefits

Wellness Benefit	\$100 Payable Once per calendar year per Insured
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Wellness Benefit Covered Exams

Antibody or Serology testing	Endoscopy
At-Home Screening tests for Colon Cancer	Fasting blood glucose test
Biopsy	Fasting plasma glucose (FPG)
Blood Test for Cholesterol	Flexible sigmoidoscopy
Blood test for triglycerides	Hemoccult stool analysis
Biometric Screenings	Hemoglobin A1C(HbA1c)
Bone Density scans	HPV Testing

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.



Sonny's Enterprises, Inc.
Summary of Benefits: Critical Illness Protection
Plan Effective Date: 10/01/2024

Bone marrow testing

Breast ultrasound

Breast MRI

CA 15-3 (blood test for breast cancer)

CA 125 (blood test for ovarian cancer)

CEA (blood test for colon cancer)

Chest X-ray

Colonoscopy

Complete Blood Count

Doppler screening for carotids

Doppler screening for peripheral vascular disease

Doppler Screening for abdominal aorta

Echocardiogram

Electrocardiogram

Benefit payable upon completion of a covered wellness exam or health screening test. One covered test per calendar year per Insured

Lipid Panel

Mammography

Monoclonal Antibody Therapy

Pap smear

PSA (blood test for prostate cancer)

Serum Protein Electrophoresis (blood test for myeloma)

Stress test on a bicycle or treadmill

Thin prep pap test

Thermography

Serum cholesterol test to determine level of HDL and LDL

Virtual Colonoscopy

Wellness Fair Screening

Whole Body Skin Cancer Screening

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.



Frequently Asked Questions about your Critical Illness Protection Plan (CIPP)

Am I eligible for coverage?	You are eligible if you are working a minimum of 30 hours per week and considered benefit eligible by your employer.
What does Critical Illness Coverage provide me?	Critical Illness coverage provides protection against the expense of serious medical conditions.
Who pays for my Critical Illness coverage?	Your employer has made CIPP coverage available to all eligible employees on a voluntary basis, which means you pay your premiums if you elect the coverage.
When does my coverage go into effect?	You must be Actively at Work with your employer, as defined in your plan, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work .
How do I cover a newborn child?	Newborn children are covered from the moment of live birth for the first 31 days. You would need to notify us within 31 days of the birth if you want to enroll that child, regardless of whether there are existing dependent children covered.
Can I receive a benefit for more than one of the covered conditions?	Each Covered Condition is payable at least one time for dates of diagnoses that occur while coverage is in force. Your Certificate of Coverage may require a separation period be met between the dates of diagnoses. <i>(Note: This is commonly referred to as additional occurrence.)</i>
If I have received a benefit for a covered condition (i.e., Heart Attack) and then get diagnosed again with that same condition, will another benefit be payable?	<p>You may be eligible for another benefit payment for the same Covered Condition. This is referred to as Reoccurrence Benefit, and certain Conditions are eligible.</p> <p>Reoccurrence allows you to receive a benefit when:</p> <ul style="list-style-type: none">• You are diagnosed for a covered condition we have already paid a benefit for;• The diagnosis date of the reoccurrence is at least 180 days following the previous date of diagnosis. <p>Coverage must be in force on the date the reoccurrence is diagnosed. A second opinion or reconfirmation of a diagnosis is not considered reoccurrence.</p>

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.



Sonny's Enterprises, Inc.
Summary of Benefits: Critical Illness Protection
Plan Effective Date: 10/01/2024

Is Cancer eligible for a reoccurrence benefit?	<p>You may be eligible for another Cancer Condition benefit. This is referred to as Cancer Reoccurrence, and certain Cancer Conditions are eligible.</p> <p>Cancer Reoccurrence allows you to receive a benefit when:</p> <ul style="list-style-type: none">• You are diagnosed with a covered cancer condition we have already paid a benefit for; and• The diagnosis date of the cancer reoccurrence is at least 180 days following the previous date of diagnosis; and <p>Coverage must be in force on the date the cancer reoccurrence is diagnosed. A second opinion or reconfirmation of a diagnosis is not considered a cancer reoccurrence diagnosis</p>
What constitutes a Cancer Reoccurrence vs an additional occurrence of cancer?	<p>We have 3 distinct categories of Cancer Covered Conditions:</p> <ul style="list-style-type: none">• Invasive• Non-Invasive• Skin <p>A diagnosis of cancer from the same Cancer Covered Condition “category” would be considered a Cancer Reoccurrence. (i.e. Invasive Cancer → Invasive Cancer).</p> <p>A diagnosis of cancer from a different Cancer Covered Condition “category” would be considered an additional occurrence. (i.e. Invasive Cancer → Non-Invasive Cancer).</p>
What is considered “active treatment” when you look at no treatment for a Cancer reoccurrence benefit?	<p>Active Treatment for Cancer means consultation, care or services provided by a Physician while Cancer is present. This includes diagnostic measures and taking prescription medications</p> <p>Active Treatment for Cancer does not include maintenance drug therapy or routine follow-up office visits, including testing or surveillance imaging.</p>
I suffered a heart attack before I elected the Critical Illness Protection Plan. Would I be eligible for a benefit?	<p>We do not pay for events that occurred before the effective date of coverage.</p> <p>However, if a subsequent diagnosis of that condition were to occur while coverage is in effect, a benefit may be payable.</p>

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.



If a diagnosis of a Child Only Covered Condition is made during pregnancy, would we be eligible to receive a benefit for that condition if I choose to cover them as a dependent?	Dependent Children are eligible for coverage from the moment of live birth. If the diagnosis occurs prior to birth, that condition would be payable provided the child survives to live birth and becomes insured as a dependent child.
I enrolled my 5 year old child, who was diagnosed at birth with one of the Child Only Covered conditions. Would we be eligible to receive a benefit for that condition?	For a condition to be payable, coverage must be in force on the date of diagnosis. Therefore, in this situation, because diagnosis was made prior to the coverage effective date, a benefit would not be payable.

Other Important Details:

This Summary of Benefits sheet is an overview of the coverage being offered and is provided for illustrative purposes only. This is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

If you need to file a claim:

- Contact the employer
- Complete, sign and date the necessary forms.
- Send the completed forms via fax or mail to the contact details listed on the claim form. You may also email the completed forms to fpcustomersupport@uhc.com.

Exclusions and Limitations*:

We will not pay a benefit for a Critical Illness contributed to or caused by:

1. intentional self-inflicted Injury, this exclusion does not apply to the Mental Health Disorder Hospital Confinement Benefit if covered under this Policy;
2. attempted suicide, this exclusion does not apply to the Mental Health Disorder Hospital Confinement Benefit if covered under this Policy;
3. active participation in a riot, felony, assault, or illegal occupation;
4. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
5. loss sustained while on active duty as a member of the armed forces of any nation except during any time period insurance is extended under the Continuation during Leave of Absence provision;
6. Intoxication or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for You [or Your Dependents] by a Physician and taken as prescribed

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.

We also will not pay a benefit for a Critical Illness that was Diagnosed outside of the United States or Canada, unless the Diagnosis was confirmed by a Physician practicing within the United States or Canada.

**The above list is intended for illustrative purposes only. State specific exclusions and language may apply. Please refer to your Certificate of Coverage for detailed information.*



Sonny's Enterprises, Inc.
Summary of Benefits: Critical Illness Protection
Plan Effective Date: 10/01/2024

Critical Illness Cost Summary

Premiums shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here. *Please consult your human resources/benefits department for additional cost information.*

Estimated premiums shown below are based on the employee's age and tobacco status. Spouse age and tobacco status are based on Employee age and tobacco status.

Employee Paid Bi-Weekly Premium	Option 1: EE \$10,000/ SP \$5,000/ CH \$5,000 *			
	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$1.75	\$2.95	\$2.84	\$4.04
25-29	\$2.08	\$3.58	\$3.16	\$4.66
30-34	\$2.40	\$4.13	\$3.48	\$5.22
35-39	\$2.95	\$5.05	\$4.04	\$6.14
40-44	\$4.15	\$6.81	\$5.24	\$7.89
45-49	\$6.37	\$9.88	\$7.45	\$10.96
50-54	\$9.74	\$14.42	\$10.82	\$15.51
55-59	\$13.57	\$19.68	\$14.65	\$20.77
60-64	\$19.62	\$27.67	\$20.70	\$28.75
65-69	\$25.94	\$36.58	\$27.02	\$37.66
70-74	\$38.45	\$51.23	\$39.53	\$52.32
75+	\$49.85	\$67.11	\$50.93	\$68.19

Employee Paid Bi-Weekly Premium	Option 2: EE \$20,000/ SP \$10,000/ CH \$10,000 *			
	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$3.51	\$5.91	\$5.68	\$8.08
25-29	\$4.15	\$7.15	\$6.32	\$9.32
30-34	\$4.80	\$8.26	\$6.97	\$10.43
35-39	\$5.91	\$10.11	\$8.08	\$12.28
40-44	\$8.31	\$13.62	\$10.48	\$15.78
45-49	\$12.74	\$19.75	\$14.91	\$21.92
50-54	\$19.48	\$28.85	\$21.65	\$31.02
55-59	\$27.14	\$39.37	\$29.31	\$41.54
60-64	\$39.23	\$55.34	\$41.40	\$57.51
65-69	\$51.88	\$73.15	\$54.05	\$75.32
70-74	\$76.89	\$102.46	\$79.06	\$104.63
75+	\$99.69	\$134.22	\$101.86	\$136.38

***Cost Includes Wellness Benefit**

UnitedHealthcare Critical Illness product is provided by United Healthcare Insurance Company on form UHICI-POL-1 et al., in Texas on UHICI-POL-1 and in Virginia on UHICI-POL-1-VA. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

BENEFIT ASSIST

Supplemental Health | Benefit Assist



Actively working to get your benefit payout to you

With UnitedHealthcare Benefit Assist in your corner, the claims process is easier

If you're a health plan member with a supplemental health plan—like Accident, Critical Illness or Hospital Indemnity—it's good to know you've got Benefit Assist looking out for you. The service, included at no additional cost, is designed to help make sure you get the benefits you're eligible for—and get them easier.

Here's how Benefit Assist does the heavy lifting for you:



Review

Benefit Assist will review your eligible medical claims



Support

If any of your medical claims appear to qualify for a supplemental health plan benefit payout, you will either be paid automatically or contacted directly*



Connect

When an eligible event is not paid automatically, a claims specialist may help you submit your supplemental health plan claim and get your eligible benefit payout

*Calls may appear on caller ID as WellTok, Unknown or an 888 number.
continued

**United
Healthcare**

LEGALSHIELD



Have You Ever... To learn more about LegalShield and IDShield please visit: <https://shieldbenefits.com/sonnys/overview> or scan the QR code.

- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?
- Worried about being a victim of identity theft?

- Been concerned about your child's identity?
- Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, Youtube)



The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** On unlimited personal issues
- **Letters/Calls** Made on your behalf
- **Contracts/Documents Reviewed** Up to 15 pages
- **Residential Loan Document Assistance** For the purchase of your primary residence
- **Will Preparation** - Living Will, Health Care Power of Attorney
- **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm
- **IRS Audit Assistance** (Begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (If named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (Available 90 days after enrollment)
- **25% Preferred Member Discount** (Bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** For covered situations

The IDShield Membership Includes:

- **Credit Monitoring** Continuous credit monitoring through Experian
- **Online Privacy Management** IDShield provides consultation and guidance on ways participants can protect their privacy and personally identifiable information across the internet and on their smart devices.
- **Reputation Management & Score** Scans social media accounts for existing content that could be damaging to participants' online reputation. Ranks your online reputation risk by giving you a score based off the content found on your social media accounts.
- **Financial Account Monitoring** Accounts monitored include checking, savings, employer 401k accounts, loans and more.
- **\$3 Million Protection Policy** Coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee** Ensures that we won't give up until your identity is restored!
- **Identity Restoration** Performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **24/7 Emergency Access** In the event of an identity theft emergency

Plan	Family Price	Individual Price
LegalShield	\$9.67 Bi-weekly	\$9.67 Bi-weekly
IDShield	\$7.36 Bi-weekly	\$3.90 Bi-weekly
Combined	\$15.65 Bi-weekly	\$13.57 Bi-weekly



Put your law firm and identity theft protection in the palm of your hand with the LegalShield and IDShield mobile apps!

Pre-Paid Legal Services, Inc. ("PPLSI") provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan for complete terms, coverage, amounts and conditions. IDShield is a product of LegalShield. LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

FOR MORE INFORMATION PLEASE CONTACT AN INDEPENDENT ASSOCIATE:

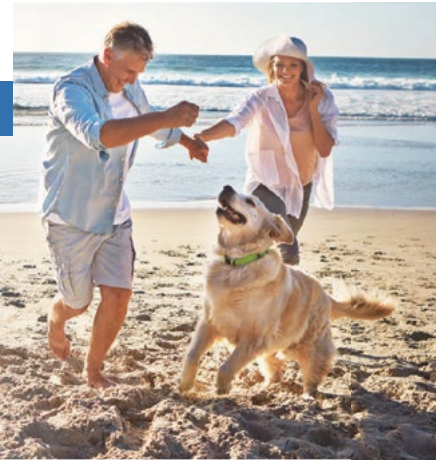


Associate Name Barry Olfern LegalShield Business Solutions
Phone Number 954-655-2446
Email: barryolfern@gmail.com

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EMPLOYEE ASSISTANCE PROGRAM (EAP)

MUTUAL OF OMAHA



We're Here to Help

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

We're Here to Help

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

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

EAP Benefits

- Access to EAP professionals 24 hours a day, seven days a week
 - Provides information and referral resources
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals
- Three face-to-face sessions* with a counselor (per household per calendar year)

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

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions per six-month period.

- Legal assistance and financial resources
 - Online will preparation
 - Legal library & online forms
 - Financial tools and resources
- Resources for:
 - Substance use and other addictions
 - Dependent and elder care resources
- Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap

What to Expect

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

Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional services are needed, your EAP will help locate appropriate resources in your area.

Don't delay if you need help

Visit mutualofomaha.com/eap or call **800-316-2796** for confidential consultation and resource services.



Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Home office: 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company, Hauppauge, NY 11788-2937, is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply.



Helping you manage your retirement goals

With 24/7 account access

Planning for retirement doesn't have to be complicated. Set up your account to stay on track with your retirement savings goals. And since your life is busy enough, we've made getting to your information simple and convenient. Use these resources to access your account when and how you want.

Account Access

First-time users

Go to principal.com/Welcome

- › Select **Get Started**
- › Enter your first name, last name, date of birth, mobile phone number (this is the quickest way to verify your identity), and your ID number (this is either your Social Security number or a specific ID provided by your employer) or ZIP code
- › Agree to do business electronically and click **Continue**
- › If you don't provide your mobile phone number, you'll need to answer a few personal questions as an alternative way to confirm it's really you
- › Create a **unique username**, set a secure **password** and add your **email address**
- › Select and answer **three security questions** to use if you need to call us
- › You now have access to your online account, and you'll get a confirmation email within a few minutes
- › The first time you log in, you'll need to choose where we send you **verification codes** (text message, voice call, or authentication app) and how often you want to use them

Ongoing account access

Go to principal.com

- › Click **Log In**
- › Enter your **username** and **password** (click **Forgot Username or Forgot Password** if you need to reset) and click **Log In**
- › If you're logging in from a new device, resetting your username or password, or you've opted to use verification codes every time you log in, you'll receive a security code via text message, voice call, or authentication app
- › Enter the security code and click **Verify**



Questions?

Having trouble setting up your login? Give us a call at **800-986-3343**.

Mobile App

Principal App available for iPhone and Android

Eligibility

You must be 18 years of age and have completed 30 days of service. Participation begins on the 1st of the quarter following 30 days of employment. Plan entry dates are January, April, July and October.

Sonny's Plan Details

Sonny's offers a 401k plan that is administered by Principal.

Deferrals & Employee Contributions:

- Newly hired employees are Auto-Enrolled in target date funds with a 3% pre-tax deferral.
 - IF you do not want to participate, you must opt out of the auto enrollment by contacting Principal.
- Contributions can be updated at any time during the year.
- You have the option to select Pre-tax or Roth contributions.

Loans:

- 401k loans are available by contacting Principal.
- You may take up to 2 loans at a time.
 - Loan minimum amount is \$1,000.
 - You can borrow 50% of your vested account balance up to \$50,000.

Employer Contributions:

- Sonny's will match 50% of your contribution up to 5% of salary you contribute.

Employee Contribution	1%	2%	3%	4%	5%	6%	7%	8%	9%
Employer Match	0.50%	1.00%	1.50%	2.00%	2.50%	2.50%	2.50%	2.50%	2.50%

- Sonny's contributions to employee accounts are vested at 100% after completing one year of service and 1000 hours of service.



[principal.com](https://www.principal.com)

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Insurance products and plan administrative services provided through Principal Life Insurance Co., a member of the Principal Financial Group®, Des Moines, Iowa 50392.

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TERMS TO KNOW



SCAN OR CLICK THE QR CODE TO WATCH A [SHORT VIDEO](#) ON THE TERM YOU WOULD LIKE TO KNOW

AD&D: Accidental Death & Dismemberment

ANNUAL ENROLLMENT: Designated period of time during which an employee may enroll in group health coverage. Also, designated period of time during the year when individuals without group coverage may enroll in health coverage without needing medical underwriting.

CARRIER: The insurance company.

CLAIM: The request for payment for benefits received in accordance with an insurance policy.

COINSURANCE: A payment made by the covered person in addition to the payment made by the health plan on covered charges, shared on a percentage basis. For example, the health plan may pay 80% of the allowable charge, with the covered person responsible for the remaining 20%. The 20% amount is then referred to as the coinsurance amount.

COPAY: A co-payment, or copay, is a capped contribution defined in the policy and paid by an insured person each time a medical service is accessed. It must be paid before any policy benefit is payable by an insurance company.

CREDITABLE: Is the prescription drug coverage offered by an employer plan that pays, on average, the same amount as Medicare pays.

DEDUCTIBLE: A deductible is the amount you must pay each year before your carrier begins to pay for services. If you have a PPO plan, there is usually a separate higher deductible for using out of network providers.

ELIMINATION PERIOD: This is the time period between injury or illness and the receipt of benefit payments.

EMBEDDED DEDUCTIBLE: An embedded deductible is a system that combines individual and family deductibles in a family health insurance policy. When a health plan has embedded deductibles, it just means that a single member of a family doesn't have to meet the full family deductible in order for after-deductible benefits to kick in, each individual only needs to meet the individual deductible in order for after-deductible benefits to kick in.

EOB (Explanation of Benefits): EOB stands for Explanation of Benefits. This is a document produced by your medical insurance carrier that explains their response and action (whether it is payment, denial, or pending) to a medical claim processed on your behalf.

EVIDENCE OF INSURABILITY (EOI): This is the medical information you must provide that requires review and approval by the insurance company BEFORE coverage becomes effective. This may include medical records and a physical exam.

HMO: Health Maintenance Organization, this type of medical plan is Network exclusive. A participant must receive services from in-network providers except in a case of medical emergency.

IN-NETWORK: Refers to the use of providers who participate in the health plan's provider network. Many benefit plans encourage members to use participating in-network providers to reduce out-of-pocket expenses.

MAC: Maximum allowable charge

MAIL ORDER PRESCRIPTIONS: Used for maintenance drugs, members can order and refill their prescriptions via postal mail, Internet, fax, or telephone. Once filled, the prescriptions are mailed directly to the member's home.

MAINTENANCE DRUGS: A medication that is anticipated to be taken regularly for several months to treat a chronic condition such as diabetes, high blood pressure and asthma, this also includes birth control.

NON-EMBEDDED DEDUCTIBLE: A non-embedded deductible is also referred to as an aggregate deductible. Under an aggregate deductible, the total family deductible must be paid out-of-pocket before after-deductible benefits kick in for the health care services incurred by any family member.

OUT-OF-NETWORK: The use of health care providers who have not contracted with the health plan to provide services. HMO members are generally not covered for out-of-network services except in emergency situations. Members enrolled in Preferred Provider Organizations (PPO) and Point-of-Service (POS) coverage can go out-of-network, but will pay higher out-of-pocket costs.

OUT-OF-POCKET MAXIMUM: The total amount a covered person must pay before his or her benefits are paid at 100%. Deductible, copayments, and coinsurance may apply towards the maximum out of pocket, depending on the plan.

PARTICIPATING PROVIDER: Individual physicians, hospitals and professional health care providers who have a contract to provide services to its members at a discounted rate and to be paid directly for covered services.

PCP (PRIMARY CARE PHYSICIAN): A physician selected by the member, who is part of the plan network, who provides routine care and coordinates other specialized care. The PCP should be selected from the network that corresponds to the plan in which you are a member. The physician you choose as your PCP may be a family or general practitioner, internist, gynecologist or pediatrician.

PPO: Benefits paid for both in and out of a network of doctors. Member makes choice with knowledge that better benefits are available in network. Plans feature office visit copays, deductibles at a variety of levels and then coinsurance to a maximum out of pocket expense. Usually includes copays for prescription drugs.

PREVENTIVE CARE: Care rendered by a physician to promote health and prevent future health problems for a member who does not exhibit any symptoms. Examples are routine physical examinations and immunizations.

REFERRAL: A written recommendation by a physician that a member may receive care from a specialty physician or facility.

SPECIALIST: A participating physician who provides non-routine care, such as a dermatologist or orthopedist.

UCR: Usual, customary, reasonable

MANDATORY NOTICES

IMPORTANT NOTICE ABOUT THIS GUIDE AND THE LEGISLATIVE NOTICES INCLUDED

A Plan Sponsor's responsibilities include making sure the health plan complies with ERISA, ACA and other federal and state regulations. Various federal notices are set forth below. Even if employers use third-party service providers to manage the plan, there are still certain functions that may make the employer responsible as a fiduciary. Plan Sponsors are recommended to maintain comprehensive record-keeping documents for up to seven years.

Insurance Office of America does not intend for you to use this guide as a substitute for legal counsel. Should you have any questions or concerns, you should contact your legal counsel for further guidance on all matters pertaining to compliance. Importantly, since this information is intended as a brief overview, please refer to the applicable federal regulations for more specific and detailed information. In addition, please note that States may have additional laws, restrictions and benefits that are more protective of individuals. You should always consult your State's benefits and insurance laws for further guidance.

Important Notice:

Medicare Part D Creditable Coverage Disclosure

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Sonny's Enterprises, LLC** 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. **Sonny's Enterprises, LLC** has determined that the prescription drug coverage offered by the **Choice EPO 1500, Choice EPO 3000**, and the **Choice+ HSA** medical plans is, 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 group plan coverage as an employee, or dependent or spouse of an active employee will not be affected. There is coordination of benefits and the group plan will be your primary coverage and Medicare will be your secondary coverage.

However, if you drop current coverage under the group plan and enroll in a Medicare prescription drug plan, you will not be able to re-enroll for medical and prescription drug coverage until the next annual enrollment period, or upon a qualifying life event for which enrollment is permitted, if earlier (and only if you are eligible for coverage at the time your reenrollment would be effective). In addition, your current coverage pays for medical expenses, in addition to prescription drugs, and if you choose to drop prescription drug coverage, you must also drop your medical coverage as well.

If you (or a dependent/spouse) are covered under the group plan through COBRA and later are covered by Medicare, the medical and prescription drug coverage under the group plan will be cancelled, if permitted by law. Once you cease to be covered under COBRA, you may not reinstate your COBRA coverage under the group plan.

Therefore, before deciding whether to join a Medicare drug plan, you should carefully compare your current coverage, including which drugs are covered, with the coverage and cost of the Medicare drug plans in your area. Please refer to group plan's summary plan description for information about coverage, how the group plan coordinates with Medicare and when coverage terminates under the group plan.

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 under the group plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher

Important Notice: Medicare Part D Creditable Coverage Disclosure

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

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact your Human Resources 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 the group plan coverage 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)**.

Contact Human Resources for more information:
Sonny's Enterprises, LLC
Human Resources
HRBenefits@sonnysdirect.com

For questions about Medicare prescription drug coverage, Grace Agency is here to help.

 **GRACE** MEDICARE INSURANCE CONSULTANTS 

Educating you about Medicare insurance options and resources to meet your health and wellness goals.



OURS IS A KINDER AND GENTLER APPROACH TO THE WORLD OF MEDICARE INSURANCE



800-791-4840 | info@graceagency.org

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HIPAA Notice of Special Enrollment Rights

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 and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents other coverage ends.

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

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact Human Resources.

Health Insurance Portability and Accountability Act (HIPAA) Privacy Rights

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we maintain the privacy of protected health information, give notice of our legal duties and privacy practices regarding health information about you and follow the terms of our notice currently in effect.

If not attached to this document, you may request a copy of the current Privacy Practices, explaining how medical information about you may be used and disclosed and how you can get access to this information.

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

You have the right to inspect and copy, right to an electronic copy of electronic medical records, right to get notice of a breach, right to amend, right to an accounting of disclosures, right to request restrictions, right to request confidential communications, right to a paper copy of this notice and the right to file a complaint if you believe your privacy rights have been violated.

Model General Notice of COBRA Continuation of Coverage Rights

INTRODUCTION

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

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WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Human Resources.

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.]

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first

qualifying event not occurred.

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit

<https://www.medicare.gov/medicare-and-you>

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know

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about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PLAN CONTACT INFORMATION

Plan and COBRA continuation coverage can be obtained on request:

Sonny's Enterprises, LLC

Human Resources

HRBenefits@sonnysdirect.com

www.medicare.gov/medicare-and-you

Wellness Plan Notice

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. We will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. Contact Human Resources for more information.

Health Insurance Marketplace Coverage Options and Your Health Coverage

Beginning in 2014, there is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Each year, the open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the previous year. After Dec. 15, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

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 percent (as adjusted each year after 2014) 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. (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.)

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.

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 www.healthcare.gov for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Women's Health and Cancer Rights Act of 1998

If you are enrolled in a health plan that covers the medical and surgical costs of a mastectomy, the WHCRA states that your plan must also cover the costs of certain reconstructive surgery and other post-mastectomy benefits.

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 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductibles and coinsurance of your enrolled plan will apply.

If you would like more information on WHCRA benefits, contact your plan administrator or Human Resources.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of

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

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your state for more information on eligibility.

State Contacts

ALABAMA – Medicaid Website: myalhipp.com Phone: 1-855-692-5447	KANSAS – Medicaid Website: https://www.kancare.ks.gov Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: ihipp.program@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
ARKANSAS – Medicaid Website: myarhipp.com Phone: 1-855-MyARHIPP (855-692-7447)	LOUISIANA – Medicaid Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
CALIFORNIA – Medicaid Website: Health Insurance Premium Payment (HIPP) Program - dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	MAINE – Medicaid Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
FLORIDA – Medicaid Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268	MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programsand-services/other-insurance.jsp Phone: 1-800-657-3739
GEORGIA – Medicaid Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid - Website: https://www.in.gov/medicaid Phone 1-800-457-4584	MONTANA – Medicaid Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
IOWA – Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
	NEVADA – Medicaid Medicaid Website: http://dhcnpv.gov Medicaid Phone: 1-800-992-0900
	NEW HAMPSHIRE – Medicaid Website: www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

State Contacts

NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	VIRGINIA – Medicaid and CHIP Website: https://dbhds.virginia.gov/about-dbhds/hipaa/Medicaid/CHIP Phone: 1-800-432-5924
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	WEST VIRGINIA – Medicaid and CHIP Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
NORTH DAKOTA – Medicaid Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	<p>To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:</p> <p>U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272)</p> <p>U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565</p> <p>Paperwork Reduction Act Statement</p> <p>According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.</p> <p>The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.</p> <p>OMB Control Number 1210-0137 (expires 1/31/2026)</p>
PENNSYLVANIA – Medicaid & CHIP Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	
RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	
SOUTH DAKOTA – Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	
TEXAS – Medicaid Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493	
UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	
VERMONT – Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	

CONTACTS

LINE OF COVERAGE	CARRIER	CUSTOMER SERVICE
Medical	UNITED HEALTHCARE	855-619-6713 myuhc.com
Health Savings Account (HSA)	OPTUMBANK H.S.A	-- optumbank.com
Flexible Spending Account (FSA)	iSOLVED	800-300-3838 isolvedbenefitservices.com
Dental	UNITED HEALTHCARE	855-619-6713 myuhc.com
Vision	UNITED HEALTHCARE	855-619-6713 www.myuhc.com
Employer-Paid Basic Life and AD&D	MUTUAL OF OMAHA	800-228-7104 mutualofomaha.com
Voluntary Life & AD&D	MUTUAL OF OMAHA	800-228-7104 mutualofomaha.com
Employer-Paid Short Term Disability (STD)	MUTUAL OF OMAHA	800-228-7104 mutualofomaha.com
Voluntary Long Term Disability (LTD)	MUTUAL OF OMAHA	800-228-7104 mutualofomaha.com
Voluntary Supplemental Insurance	UNITED HEALTHCARE	866-556-8298 myuhcftp.com
Employee Assistance Program (EAP)	MUTUAL OF OMAHA	800-316-2796 mutualofomaha.com/eap
401(k)	PRINCIPAL	800-986-3343 www.principal.com
UHC Benefit Assist	UNITED HEALTHCARE	866-556-8298 myuhcftp.com



For assistance with benefits questions, membership card issues, claims, and billing inquiries please contact one of your service team members per the information below:

SONNY'S ENTERPRISES

EMAIL

IOA

West Palm Beach Department

wpb.benefits@ioausa.com

Sonny's

Human Resources Department

HRBenefits@sonnysdirect.com



SONNY'S ENTERPRISES, LLC BENEFIT GUIDE

OCTOBER 1, 2024 - SEPTEMBER 30, 2025

