AGRILAND FS, Inc.

BENEFIT GUIDE

JAN. 1–DEC. 31 | 2026

WELCOME TO YOUR BENEFITS

WHEN CAN YOU ENROLL?

New Employees

Enroll within 30 days of starting employment

Enroll Online

Closely review your options as a new employee

- New employees are required to actively elect or decline each benefit.
- Some benefits include special enrollment opportunities that are only available when you initially enroll, so don't miss out!

Open Enrollment

Enroll during the annual open enrollment period.

Enroll Online

Your annual opportunity to review & change your benefits

- Typically held in the fall
- The benefits you select become effective on Jan. 1

Qualifying Life Event

Enroll within 30 days of a qualifying life event.

Contact Your Benefits Administrator

"Qualifying life events" allow you to make a mid-year benefit change

Examples include:

- Marriage or divorce
- Birth or adoption of child
- Loss of coverage
- Spouse's open enrollment
- Change in work status (part-time to full-time)

COVERING YOU & YOUR FAMILY

EMPLOYEES

If you are a full-time employee, you and your dependents can enroll in the GROWMARK System benefit plans.

DEPENDENTS

Many plans let you cover eligible dependents, including:

- Legally married spouse
- Dependent children including:
  - Children up to age 26 regardless of student or marital status
  - Disabled children of any age who are (or become) physically or mentally incapable of self-support

ALL ABOUT ENROLLMENT

WHEN ARE YOU ELIGIBLE?

First of the Month Following Your Hire Date[1]

You become eligible for these benefits on the first of the month following your hire date or following the date you become benefit eligible.

- Medical benefits
- Dental benefits
- Vision benefits
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSA)
- Disability insurance (non-exempt employees)[2]
- Accident insurance
- Critical illness insurance
- Hospital indemnity insurance
- Identity protection

[1]If your hire date or the date you become benefit eligible is the first of the month, then benefit eligibility begins immediately.

[2]Exempt employees become eligible for long-term disability insurance after 90 days.

Immediately Upon Hire

- Life insurance
- 401(k) retirement plan
  - If you do not make your own contribution election, you will be automatically enrolled after 45 days.

First of the Month Following 12 Months

Pension | Employees age 21 or older are automatically enrolled on the first of the month following 12 months of employment with at least 1,000 hours worked.

WHAT'S NEW FOR 2026

New Medical Carrier

Starting in 2026, we will offer medical coverage through Blue Cross and Blue Shield of Illinois (BCBSIL).

Our Analysis

Through thorough analysis using all employees' ZIP codes and current providers, we know:

- Moving to BCBSIL gives **wide geographic access** to healthcare providers.
- There is nearly **zero in-network disruption** with the providers our employees are currently using.

New Medical Plan Option! Choice PPO

We will offer the Choice PPO option that replaces the Select HDHP option.

Review Your Options Carefully

As you choose a medical plan, consider your own needs and priorities.

- What other coverage is available to your spouse?
- What is your risk tolerance?
- Do you have chronic health issues?
- Planning surgery or childbirth?
- Expect minimal doctor visits?

LOCK IN YOUR CHOICES

You can only enroll or change your elections during Open Enrollment unless you have a qualifying life event, like getting married, changing jobs, or adding a child to your family.

YOU MUST TAKE ACTION

You MUST enroll to continue coverage or decline benefits for 2026. Your current benefit enrollment options will end on Dec. 31, 2025.

If you do not enroll, you will not have coverage for 2026.

2026 BENEFIT PREMIUMS

Premiums are per month: payroll deductions will be made from 2 paychecks each month, for biweekly 26 paychecks per year and semi-monthly 24 paychecks per year.

Blue Cross Blue Shield - Medical Insurance

	Essential	Balanced	Choice
Employee Only	$83.05	$204.01	$246.34
Employee/Spouse	$179.52	$439.46	$530.45
Employee/Child(ren)	$157.33	$387.03	$467.44
Family	$232.70	$571.23	$689.72

Delta Dental - Dental Insurance

Coverage Level	Value Plan	Premier Plan
Employee	$18.67	$29.78
Employee/Spouse	$37.32	$59.54
Employee/Child(ren)	$46.89	$66.07
Family	$75.96	$109.29

VSP - Vision Insurance

Coverage Level	Premium
Employee	$8.00
Employee/Spouse	$16.02
Employee/Child(ren)	$17.14
Family	$27.38

Lincoln Financial - Disability Insurance

Voluntary LTD Premium Formula
Monthly Salary
x Premium Factor
= Monthly Premium

Voluntary Long Term Disability (hourly employees)	
Age	**Premium Factor**
18-29	0.00147
30-34	0.00200
35-39	0.00294
40-44	0.00410
45-49	0.00735
50-54	0.00987
55-59	0.01365
60-64	0.01197
65-69	0.00735
70-74	0.00473
75+	0.00525

Lincoln Financial - Hospital Indemnity Insurance

Coverage Level	Tier 1	Tier 2
Employee	$7.20	$14.27
Employee/Spouse	$17.53	$35.19
Employee/Child(ren)	$12.36	$24.73
Family	$19.43	$38.72

Lincoln Financial - Accident Insurance

Coverage Level	Premium
Employee	$14.07
Employee/Spouse	$22.99
Employee/Child(ren)	$25.12
Family	$33.88

Lincoln Financial - Critical Illness Insurance

Employee

Age	$10,000	$20,000	$30,000
Under 25	$2.19	$4.38	$6.57
25-29	$2.95	$5.90	$8.85
30-34	$4.55	$9.10	$13.65
35-39	$7.17	$14.34	$21.51
40-44	$11.22	$22.44	$33.66
45-49	$17.89	$35.78	$53.67
50-54	$25.82	$51.64	$77.46
55-59	$35.16	$70.32	$105.48
60-64	$50.42	$100.84	$151.26
65-69	$71.66	$143.32	$214.98
70-99	$133.06	$226.12	$399.18

Spouse

Age	$5,000	$10,000	$15,000
Under 25	$1.10	$2.19	$3.29
25-29	$1.48	$2.95	$4.43
30-34	$2.28	$4.55	$6.83
35-39	$3.59	$7.17	$10.76
40-44	$5.61	$11.22	$16.83
45-49	$8.95	$17.89	$26.84
50-54	$12.91	$25.82	$38.73
55-59	$17.58	$35.16	$52.74
60-64	$25.21	$50.42	$75.63
65-69	$35.83	$71.66	$107.49
70-99	$66.53	$133.06	$199.59

Children - age 26 and under:

$5,000	$10,000
$2.28	$4.56

Critical Illness Premium Rates:

- All dependent children are covered under one premium
- Spousal coverage up to 1/2 Employee coverage

Lincoln Financial – Life Insurance

Employee & Spousal Life

Age	Rate per $1,000 of Coverage
18-29	$0.07
30-34	$0.08
35-39	$0.09
40-44	$0.13
45-49	$0.18
50-54	$0.29
55-59	$0.45
60-64	$0.70
65-69	$1.10
70-74	$1.40
75+	$1.71

Dependent Child Life

Coverage Level	Premium
$2,500	$0.50
$5,000	$1.00
$7,500	$1.50
$10,000	$2.00

Life Premium Rates:

- Employee life can be purchased in $5,000 increments up to $400,000.
- Spousal life rates are based upon the employee's age.
- Spousal life can be purchased in $10,000 increments up to $50,000 & one-half employee life coverage amount elected.
- All dependent children are covered under one premium.

Allstate Identity Protection - Identity Theft Protection

Coverage Level	Premium
Employee	$9.95
Family	$17.97

MEDICAL & PRESCRIPTION BENEFITS

BlueCross BlueShield of Illinois

Plan Basics	ESSENTIAL HDHP	BALANCED HDHP	CHOICE PPO
Network	**Blue Card PPO**	**Blue Card PPO**	**Blue Card PPO**
Deductible Individual | Family	$5,000 | $10,000	$2,000 | $4,000	$1,500 | $3,000
Deductible Type	Embedded	Non-Embedded	Embedded
Coinsurance Member Pays | Plan Pays	0% | 100%	20% | 80%	20% | 80%
Out-of-Pocket Maximum Individual | Family	$5,000 | $10,000	$4,000 | $7,350	$3,500 | $7,000
Eligible for a Health Savings Account?	Yes! *More on page 14.*	Yes! *More on page 14.*	No
What You Pay When You Need Care			
Preventive Care	No charge	No charge	No charge
Primary Care Office Visits	0% after deductible	20% after deductible	$50 copay
Specialist Office Visits	0% after deductible	20% after deductible	$100 copay
Urgent Care	0% after deductible	20% after deductible	$100 copay
Emergency Room	0% after deductible	20% after deductible	$500 copay, then 20% after deductible
Inpatient & Outpatient Services	0% after deductible	20% after deductible	20% after deductible
Diagnostic Imaging (ex: MRI, CT, PET scans)	0% after deductible	20% after deductible	20% after deductible
What You Pay for Prescription Drugs (Up to a 30-day supply)			
Tier 1 Generic	0% after deductible	$10 after deductible	$10 copay
Tier 2 Brand-Name Preferred	0% after deductible	After deductible, 20% up to $100	20% up to $100
Tier 3 Brand-Name Non-Preferred	0% after deductible	After deductible, 40% up to $150	40% up to $150
Tier 4 Specialty	0% after deductible	40% after deductible	40%
What You Pay for Prescription Drugs (Up to a 90-day supply)			
Tier 1 Generic	0% after deductible	$25 after deductible	$25 copay
Tier 2 Brand Preferred	0% after deductible	After deductible, 20% up to $250	20% up to $250
Tier 3 Brand Non-Preferred	0% after deductible	After deductible, 40% up to $375	40% up to $375

These benefits represent in-network coverage. *Out-of-network coverage is available. See plan summary for details.*

Embedded | The individual deductible is embedded into the family amounts. All family member expenses combine to meet the full family deductible, but each person only has to meet the individual amounts on their own.

Non-Embedded | There is only one family level. The family must meet the full deductible before coinsurance applies—even if only one person is incurring costs.

COMPARING MEDICAL PLANS

Deciding which medical plan to elect is a personal decision for you and your family. Consider all your needs and options.

Factors to Consider

- Coverage options available to your spouse
- Your risk tolerance—can you pay a higher deductible if something catastrophic happened?
- Can you pay higher premiums each month to have a lower deductible?

Look Back and Look Forward

- How much care did you need last year? Do you expect more or less visits? Did you meet plan limits?
- Do you have any planned procedures like childbirth?
- Are you managing any chronic conditions?
- Do you take any maintenance medications?

EXAMPLE 1 | WHITNEY RARELY NEEDS MEDICAL CARE

This is one example of how the financial aspect of coverage could work. Consider your own needs and priorities.

- Most of Whitney's healthcare needs are preventive care—that's no charge to her!
- During the year, she gets sick and visits her primary care provider. They prescribe two Tier 1 (generic) prescriptions.
- If Whitney enrolls in an HDHP option, she chooses to contribute $500 per year to her HSA.

Plan Options	ESSENTIAL HDHP	BALANCED HDHP	CHOICE PPO
Premium Costs			
Whitney's premium per month	$83.05	$204.01	$246.34
A. Whitney's premium total per year	**$997**	**$2,448**	**$2,956**
Out-of-Pocket Costs			
1 primary care visit* $130 PCP visit before deductible	$130 visit × 1 visit **$130**	$130 visit × 1 visit **$130**	$50 copay × 1 visit **$50**
2 Tier 1 prescriptions* 30-day retail	$25 × 2 fills **$50**	$25 × 2 fills **$50**	$10 copay × 2 fills **$20**
B. What Whitney pays out of pocket	**$180**	**$180**	**$70**
HSA Contributions			
C. Whitney's annual contributions	**$500**	**$500**	*Not eligible*
Total Medical Costs			
A. Whitney's premium total per year	$997	$2,448	$2,956
B. Total out-of-pocket costs	$180	$180	$70
C. Using the HSA for out-of-pocket costs	($180)	($180)	*Not eligible*
Whitney's total medical costs	**$997**	**$2,448**	**$3,026**
Whitney's HSA balance	**$320**	**$320**	*Not eligible*

**These examples are illustrative. HDHP costs are based on average costs before meeting the deductible. Your costs will vary based on your specific care.*

COMPARING MEDICAL PLANS

EXAMPLE 2 | BILLY HAS ONGOING HEALTH ISSUES

This is one example of how the financial aspect of coverage could work. Consider your own needs and priorities.

- Billy visits his primary care physician every other month.
- He sees a specialist each quarter.
- He needs a monthly Tier 2 (brand-name preferred) prescription and uses the mail-order pharmacy for 90-day fills.
- On the Balanced HDHP, Billy meets his deductible in September. After that, he pays 20% coinsurance for his care.
- If Billy enrolls in an HDHP option, he chooses to contribute $500 per year to his HSA.

Plan Options	ESSENTIAL HDHP	BALANCED HDHP	CHOICE PPO
Premium Costs			
Billy's premium per month	$83.05	$204.01	$246.34
A. Billy's premium total per year	**$997**	**$2,448**	**$2,956**
Out-of-Pocket Costs			
6 primary care visits* $130 PCP visit before deductible	$130 visit × 6 visits **$780**	$130 visit × 5 visits $26 (20% × $130) × 1 visit **$676**	$50 copay × 6 visits **$300**
4 specialist visits* $250 specialist visit before deductible	$250 visit × 4 visits **$1,000**	$250 visit × 3 visits $50 (20% × $250) × 1 visit **$800**	$100 copay × 4 visits **$400**
4 Tier 2 prescriptions* 90-day mail order	$200 × 4 fills **$800**	$200 × 3 fills $40 (20% × $200) × 1 fill **$640**	$40 copay × 4 fills **$160**
B. What Billy pays out of pocket	**$2,580**	**$2,116**	**$860**
HSA Contributions			
C. Billy's annual contributions	**$500**	**$500**	*Not eligible*
Total Medical Costs			
A. Employee premium total per year	$997	$2,448	$2,956
B. Total out-of-pocket costs	$2,580	$2,116	$860
C. Using the HSA for out-of-pocket costs	($500)	($500)	*Not eligible*
Billy's total medical costs	**$3,077**	**$4,064**	**$3,816**
Billy's HSA balance	—	—	*Not eligible*

**These examples are illustrative. HDHP costs are based on average costs before meeting the deductible. Your costs will vary based on your specific care.*

AGRILAND FS WELLNESS INCENTIVES

Complete your preventative screening and earn cash!

Based on the completion of the applicable preventative screening(s), **$50.00** will be **awarded** to active employees and spouses who are on the BCBS Medical Plan.

Preventative Screenings that qualify:

Annual Physicals
Colonoscopy
Mammogram
Cervical Cancer

HOW TO EARN CASH

How to earn your cash reward:

1. Primary Care Provider reccomends a preventative screening for employee and/or spouse on the BCBS Medical Plan
2. Have the screening at your location of choice
3. Eligible screening is complete and your claim is paid, a reward will be mailed to your home. Checks will be made out to the insurance subscriber.

Preventative Screening	Max. Completion Each Year Per Eligible Person	Amount
Annual Physical	1	$50
Colonoscopy	1	$50
Mammogram	1	$50
Cervical Cancer	1	$50

*This program may be amended, suspended, or terminated for any reason, with or without prior notification.
Full time employees receiving incentive must be actively employed at the time of payout.

WELLNESS YOUR WAY

Well onTarget provides resources for your personal wellness journey. Plus, you can earn rewards for maintaining a healthy lifestyle! This program is available to all those enrolled in a AGRILAND FS medical plan.

Log in to your member portal to connect to a whole suite of wellness content, programs, challenges and tools. Well onTarget is here to support all aspects of your well-being.

Health Assessment

Take the health assessment for a confidential wellness report with tips for living your healthiest life. Your answers will help tailor your Well onTarget portal to help you reach your goals.

Blue Points Program

Blue Points can help reward you for a healthy lifestyle. Earn points for participating in wellness activities. As points add up, you can redeem points for gift cards.

Self-Management Programs

These programs let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, managing stress and more. Track your progress through each lesson. Reach your milestones and earn Blue Points!

Online Wellness Challenges

Meet your wellness goals with fun, interactive challenges.

Fitness Tracking

Track your fitness activity that sync with many popular fitness devices and mobile apps.

Health and Wellness Content

You have a whole library of articles focused on overall wellness.

FITNESS PROGRAM

Well onTarget's Fitness Program gives you unlimited access to a network of fitness locations nationwide. With the fitness program, visit multiple locations with one membership!

Flexibility for Your Needs

The fitness program membership is month to month. You have options for flexible plans from $19 to $239 per month.

Location Variety

Well onTarget's fitness program includes many gyms and studios, including boutique fitness options!

Earn Even More Blue Points

Get 2,500 points just for joining the Fitness Program! Earn additional points for weekly visits.

Convenient Payment

You can easily pay monthly fees with an automatic credit card payment or bank account withdrawals.

Find a Location Online

You can go online to search for locations across the country and track your visits for Blue Points.

Complementary and Alternative Medicine

You have discounts with a nationwide network of health and well-being providers, such as acupuncturists, massage therapists and personal trainers. You can access this program when you join the Well onTarget Fitness Program.

START EARNING BLUE POINTS

Find all Well onTarget resources, start a wellness challenge, track your points and more in your member portal.

Visit | *WellonTarget.com*

Download | Search "AlwaysOn Wellness" in the App Store or Google Play

VIRTUAL VISITS

CARE WHEN AND WHERE YOU NEED IT

Connect to a Doctor in Minutes

If you enroll in one of our medical plans, you can visit with a doctor any time. Teladoc Health providers can diagnose and treat common non-emergency conditions, and they can even prescribe medication when it's medically necessary.

Find Care Your Way

You can connect using your phone, tablet or computer.

Use Virtual Visits For:

- Allergies
- Cold symptoms
- Diarrhea
- Fever
- Flu symptoms
- Headaches
- Mental health therapy
- Pink eye
- Psychiatry
- Sinus problems
- Urinary tract infection
- And more!

Mental Health Support

Teladoc Health therapists and psychiatrists represent a wide range of backgrounds, beliefs, personality types and cultures. Since your sessions are virtual, you're not limited to a professional in your area.

What Does It Cost?

Medical Visits

- **General medical visit |** $25 copay
- **Dermatology visit |** $50 copay

Mental Health Visits

- **Therapist visit |** $50 copay
- **Initial psychiatry visit |** $125 copay
- **Follow-up psychiatry visit |** $75 copay

SUPPORT TO MANAGE DIABETES

With Teladoc Health, you're eligible for additional support if you have a type 1 or type 2 diabetes diagnosis.

No Additional Cost to You

When you enroll in a AGRILAND FS medical plan, we pay 100% for the diabetes management program.

Unlimited Test Strips and Lancets

When you need more strips and lancets, just tap your meter and re-order—no copays or out-of-pocket fees!

How It Works

After you enroll, you'll receive a welcome kit, which includes the Teladoc Health smart meter, test strips, lancing device, lancets and carrying case.

Technology to Keep You Healthy

With a smart meter, you can automatically send readings to your account and get instant insights. Plus you get access to the Teladoc Health site you can use online or through the app.

Personalized Support for Your Journey

Expert Coaching with 24/7 Support

Teladoc's coaches are certified diabetes educators. You can always contact a coach directly from your meter for guidance, and they can help immediately if your reading is out of range.

Keep Loved Ones in the Loop

Create optional notifications for high and low readings to let loved ones know your blood glucose status.

**Teladoc Health's diabetes management program was previously known as Livongo and is in a brand transition phase. You may receive Livongo-branded and Teladoc Health-branded products during this transition.*

GET THE CARE YOU NEED

Virtual Visits | *TeladocHealth.com*

Diabetes Management | *TeladocHealth.com/register*

USING YOUR PRESCRIPTION BENEFITS

BlueCross BlueShield of Illinois

Blue Cross and Blue Shield of Illinois has digital tools to help you manage your prescriptions online or through the app.

FIND IT ALL ONLINE

Starting Jan. 1, 2026, you can manage all prescription needs through your BCBSIL online account.

- Find a nearby in-network pharmacy
- Compare costs across different pharmacies
- Chat with a pharmacy customer service representative
- Seek prior authorization

HELPING YOU SAVE MONEY

Save money while getting credit toward your deductible and out-of-pocket maximum!

1. With MedsYourWay®, BCBSIL compares prices for generic drugs across discount cards and online shops.
2. BCBSIL will automatically apply the lowest possible pricing to your generic prescriptions, even if it's lower than the cost through your medical plan.
3. Ask your in-network pharmacy if they use MedsYourWay.

MAIL-ORDER OPTIONS

Have your long-term medications sent to you with Express Scripts. It's convenient, safe and gives you peace of mind.

Plus with the BCBSIL app, you can live chat with a pharmacy representative to find what's best for you.

Get Started After Jan. 1, 2026

Visit | *Express-Scripts.com/rx*

- Create an account
- Your doctor can send new prescriptions electronically to Express Scripts Home Delivery

Specialty Medications

If you take a specialty medication, you will need to fill that prescription through Accredo specialty pharmacy. Register online after Jan. 1, 2026. A patient care advocate will guide you.

Visit | *Accredo.com*

MANAGE YOUR ACCOUNT

Starting Jan. 1, 2026, you can manage your account through your BCBSIL online account.

Visit | *BCBSIL.com*

MAKE THE MOST OF YOUR MEDICAL PLAN

PREVENTIVE CARE

Your plan covers in-network preventive care at no cost to you! Understand what's considered preventive care before you make an appointment.

☑ What is Preventive Care?

Preventive care includes a range of services to help keep you healthy.

While regular (diagnostic) medical care focuses on treating illness, preventive care aims to keep you from getting sick and focuses on detecting health problems early, and maintaining overall wellness—rather than treating diseases after they occur.

☒ What is NOT Preventive Care?

If you see a doctor because you have symptoms or have been diagnosed with an illness, the services are not preventive. Your medical plan still provides coverage for these services, but they are not covered at 100%.

Your plan may charge a fee if you receive out-of-network services from or if preventive care is not the primary purpose of your visit.

What's Recommended?

See preventive tests and screenings recommended for your age. Confirm which preventive services covered under your plan with BCBSIL.

Visit | *ODPHP.Health.gov/myhealthfinder*

SAVE TIME, HASSLE AND MONEY

☑ Save the ER for True Emergencies

Only visit the emergency room if you have a life- or limb-threatening emergency. If you need care when your doctor's office is closed, find an urgent care location or use virtual care.

☑ Use Teladoc

Virtual visits are cheaper than urgent care, and you don't even have to leave your house. Teladoc providers are available 24/7!

☑ Choose Generic Prescriptions

Ask your doctor or pharmacist to give you generic prescriptions instead of brand name. Generic drugs are cheaper and are just as effective.

☑ Use the Mail-Order Pharmacy

Save time and money by using mail-order options for your maintenance prescriptions *Log in to your BCBSIL account for more details.*

☑ Check if You Need Prior Authorization

Prior authorization means that a medication requires additional documentation from your provider. This is in place to ensure that your prescriptions are safe, effective, and medically necessary. *Check requirements in your BCBSIL account.*

MANAGE YOUR PLAN ON THE GO

Download the BCBSIL app for tools to manage your medical and prescription coverage. Plus, you can sign up for notifications for key updates.

Text | Text "BCBSILAPP" to 33633 to get the app

HEALTH SAVINGS ACCOUNT

Fidelity

By enrolling in the Essential HDHP or the Balanced HDHP, you get access to a Health Savings Account, which can be used to pay for qualified healthcare expenses. **Plus, your savings roll over year after year!**

ELIGIBILITY

To contribute to an HSA, you must:

- ✓ **Be enrolled** in an HSA-eligible medical plan
- × **Not be enrolled** in Medicare, TRICARE, Medicaid or a non-HSA eligible plan[1]
- × **Not be eligible** to be claimed as a dependent on someone else's tax return

CONTRIBUTIONS

You can contribute up to the IRS annual maximum, which is based on your age and enrollment in an HSA-eligible medical plan.

2026 IRS limits	UNDER 55	AGE 55+
Individual	$4,400	$5,400
Family	$8,750	$9,750

The IRS defines family as having at least one dependent on your plan.

3 REASONS TO LOVE YOUR HSA

1. Triple Tax Savings[2]

- Tax deductions when you contribute to your HSA
- Tax-free withdrawals to pay for qualified expenses
- Tax-free earnings

2. Flexibility

Use the money in your HSA for eligible expenses or save it and let it grow. Your savings roll over year after year!

3. Use It for Retirement

When you reach a certain balance, you can invest your HSA. After age 65, you can use your savings as retirement income without penalty.[3]

[1]Because Medicare Part A enrollment is backdated by six months, you should stop your HSA contributions six months before you enroll to avoid penalties. Consult your tax advisor for guidance.

[2]State taxes still apply in some states.

[3]Normal income tax still applies.

LEARN MORE

Learn about eligible expenses, tax advantages, and how to use your HSA to its full potential.

Browse Videos | *Engage.TheMJCos.com/bootcamp/hsa*

Explore Articles | *HSAStore.com/learning-center*

FLEXIBLE SPENDING ACCOUNTS

Fidelity

Flexible Spending Accounts (FSAs) let you set aside pre-tax money from your paycheck to pay for eligible healthcare and dependent care expenses. An FSA can help you reduce your taxable income and save on expenses you already pay!

1. Estimate

Estimate your expenses and decide how much you want to contribute for the entire plan year.

2. Contribute

Your contributions are deducted each paycheck before taxes are applied and set aside in your FSA.

3. Spend Funds!

Use your FSA debit card for eligible expenses or reimburse yourself from your account.

4. File Claims

Don't forget to file any claims for reimbursement before the deadline! *See the deadlines for each type of FSA below.*

HEALTHCARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
Use For		
Medical, prescription, dental and vision expenses for yourself, your spouse and your dependents	Limited to dental and vision expenses to comply with HSA eligibility rules	Dependent care expenses for a dependent elder or a child under age 13 that allow you to go to work
Annual Contribution Limits		
$3,300 per year[1]	**$3,300 per year[1]**	**$7,500 per year[2]**
Eligibility		
Not available to HSA participants	Only available to HSA participants	All full-time employees eligible
Fund Availability		
All funds immediately available to you at the beginning of the plan year	All funds immediately available to you at the beginning of the plan year	Funds available as they are contributed each pay period
Important Deadlines		
Incur expenses by March 15, 2027 File claims by June 30, 2027	Incur expenses by March 15, 2027 File claims by June 30, 2027	Incur expenses by Dec. 31, 2026 File claims by March 15, 2027

[1]*Subject to change when IRS releases 2026 limits.*

[2]*The Dependent Care FSA contribution limit is $3,750 if you're married and filing a separate tax return.*

ESTIMATE CAREFULLY!

Use it or lose it. Only contribute what you will spend before the deadline for incurred expenses listed above. **You forfeit any unused money.**

You cannot change your FSA contributions after open enrollment unless you have a qualifying life event.

SEE WHAT'S ELIGIBLE

You may be surprised! You can filter the list by type of FSA.

Visit | *FSAStore.com/fsa-eligibility-list*

NON-DISCRIMINATION TESTING

The company has the right to automatically reduce your FSA contribution elections or re-characterize your FSA benefits as taxable income without your consent where such action is taken for purposes of complying with certain IRS non-discrimination rules which generally prohibit FSA plans from favoring highly compensated individuals and other key employees.

DENTAL BENEFITS

DELTA DENTAL®

Plan Basics	VALUE PLAN	PREMIER PLAN
Network	PPO/Premier	PPO/Premier
Calendar-Year Deductible Individual | Family	$50 per person	$50 per person
Maximum Benefit for All Services Per person per year	$1,000	$1,000
Maximum Orthodontia Benefit Per child per lifetime	Not covered	$1,000
What You Pay for Services		
Preventive Cleanings, exams, bite wing X-rays *Twice per year*	No charge *deductible waived*	No charge *deductible waived*
Basic Fillings, extractions, full mouth X-rays	20% after deductible	20% after deductible
Major Crowns, bridgework, root canals	Not covered	50% after deductible
Orthodontia For children up to age 19	Not covered	You pay 50%
Your Cost Per Month		
Employee	$18.67	$29.78
Employee + Spouse	$37.32	$59.54
Employee + Child(ren)	$46.89	$66.07
Employee + Family	$75.96	$109.29

These benefits represent in-network coverage. *Out-of-network coverage is available. See plan summary for details.*

YOUR DENTAL NETWORKS

PPO

The PPO network is Delta Dental's lowest-cost network.

For the greatest benefits and discounts, choose a PPO dentist.

Premier

If you can't find a PPO dentist, **a Premier dentist is next best.**

The Premier network is Delta Dental's largest network.

Out-of-Network

You'll pay the most if you visit an out-of-network dentist.

With out-of-network dentists, you're subject to "balance billing."

BEWARE OF BALANCE BILLING

If your dentist is out-of-network and they charge more than what the plan allows, you are responsible for the extra charges. *Learn more on page 27.*

VISION BENEFITS

vsp VISION

Signature Network Plan Basics	VSP PLAN
What You Pay for Services	
Eye Exam *Once every 12 months*	$10 copay
Eyeglass Lenses Single | Bifocal | Trifocal | Lenticular *Once every 12 months*	$25 copay
Contact Lenses Instead of glasses *Once every 12 months*	$175 allowance + 15% discount on lens fitting exam
Frame Benefits	
Allowance At Walmart, Sam's Club and Costco	$95
Allowance At all other locations	$175
Allowance On featured brands	$195
Discount On amount over your allowance	20%
Your Cost Per Month	
Employee	$8.00
Employee + Spouse	$16.02
Employee + Child(ren)	$17.14
Employee + Family	$27.38

These benefits represent in-network coverage. *Out-of-network coverage is available. See plan summary for details.*

EXTRA DISCOUNTS & SAVINGS

Just for being a VSP member, you are eligible for extra discounts and savings with in-network providers!

Receive discounts on lens enhancements, laser vision correction and more!

Visit | *VSP.com*

DISABILITY INSURANCE

Disability benefits replace part of your income if you can't work due to pregnancy or a non-work-related injury or sickness. AGRILAND FS provides short-term disability benefits to **all full-time employees at no cost to you.**

Non-exempt hourly employees can choose to purchase long-term disability insurance. AGRILAND FS provides long-term disability insurance to exempt employees who are automatically enrolled in the benefit.

SHORT-TERM DISABILITY

Benefit amount	66.67% of your salary
When are benefits payable?	After you use 6 days of PTO
Maximum benefit duration	25 weeks

LONG-TERM DISABILITY

Benefit amount	60% of your salary up to $6,000 per month
When are benefits payable?	After 180 days of disability due to an accident or illness
Maximum benefit duration	Until you recover or up to age 65 *May extend past age 65 depending on your age when you become disabled*

Protecting Your Paycheck

Contact your Benefits Administrator for more information about short-term disability benefits.

Long-Term Disability Premium

The total premium is based on your age and monthly earnings. Find your cost online.

LIFE INSURANCE

COVERAGE OPTIONS

Life insurance provides a layer of financial support for your family. You can give your loved ones greater peace of mind by purchasing voluntary coverage at competitive group rates.

Your Cost

Cost varies by age and coverage amount. Spousal rates are based on the employee's age.

Coverage Details

Employee Benefit	$1,000 increments up to $400,000 **Guaranteed Issue:** $250,000
Spousal Benefit	$1,000 increments up to $50,000 *Not to exceed 50% of employee's election* **Guaranteed Issue:** $50,000
Child Benefit	$2,500 increments up to $10,000 *One premium covers all children.*

GUARANTEED ISSUE

A "guaranteed issue" is the amount of coverage you can be approved for without completing a health questionnaire—often referred to as the evidence of insurability (EOI).

Guaranteed issue amounts typically only apply during your initial enrollment period when hired. To enroll or increase your coverage after your initial eligibility period, you may have to complete the EOI.

During Open Enrollment

You and your spouse may be able to increase your coverage during open enrollment!

- **Employees** may increase coverage by $20,000 without completing the EOI.
- **Spouses** may increase coverage by $10,000 without completing the EOI.

KEEP YOUR BENEFICIARY UP TO DATE!

Benefits are paid to the beneficiary on file, so keep your information up to date! You can name multiple beneficiaries and assign the percentage each person should receive.

You can change your beneficiary any time.

SUPPLEMENTAL BENEFIT OPTIONS

HOSPITAL INDEMNITY INSURANCE

The hospital indemnity policy pays you a benefit when you or a loved one enrolled in the policy are admitted to the hospital. Benefits are paid based on the amount of coverage listed for the service, not the actual cost of treatment. *You must provide hospital documentation to confirm the stay was 20 hours or greater to be approved.*

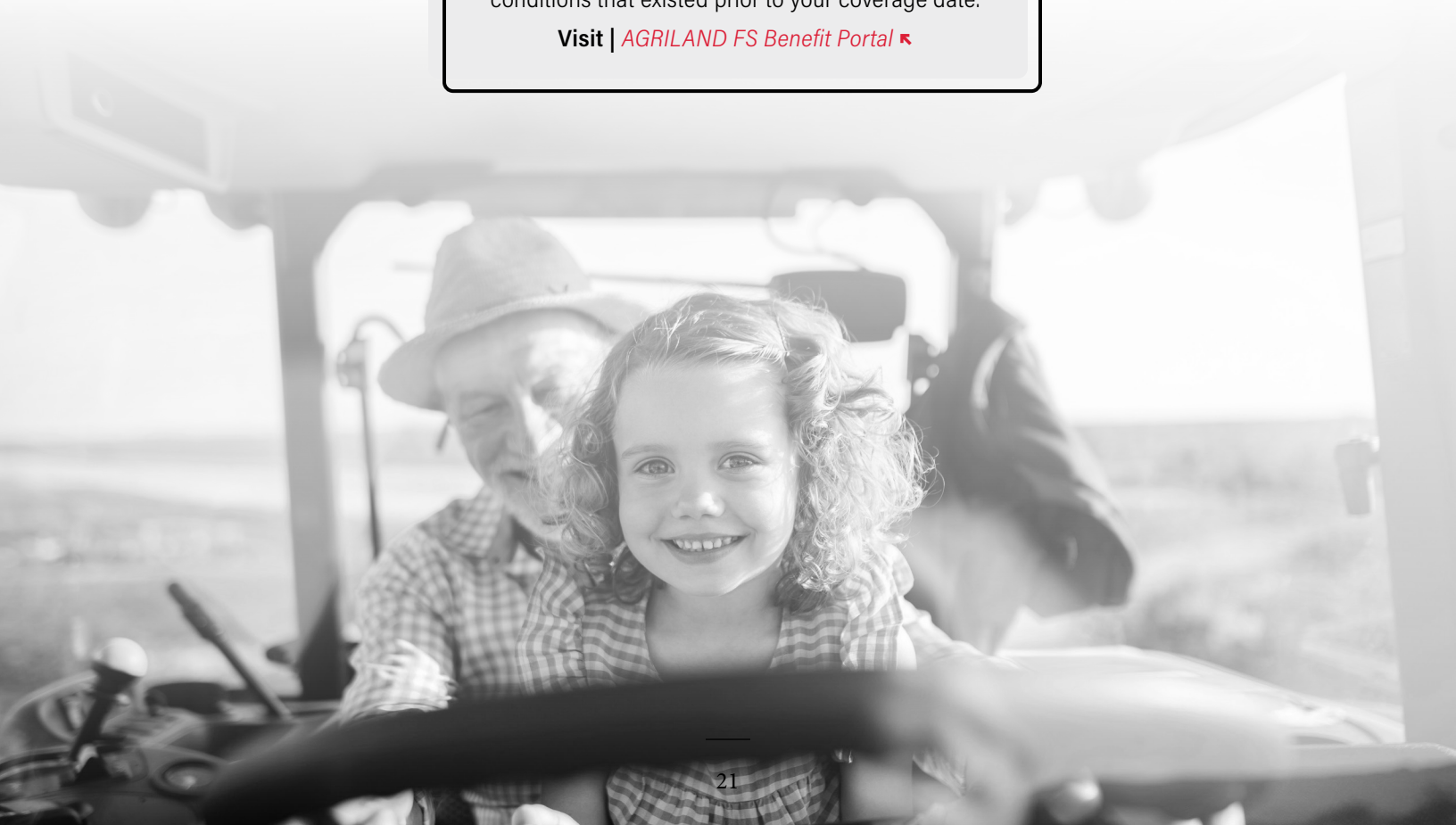
The benefits are paid directly to you, so you can use the money however you need it.

Plan Basics	TIER 1	TIER 2
Covered Events		
Hospital Admission Up to 1 day per calendar year	$500	$1,000
Hospital Confinement Up to 30 days per calendar year	$100 per day	$200 per day
ICU Admission Up to 1 day per calendar year	$1,000	$2,000
ICU Confinement Up to 30 days per calendar year	$200 per day	$400 per day
Newborn Care Up to 2 days per calendar year	$100 per day	$200 per day
NICU Admission Up to 1 day per calendar year *Percentage increases the hospital admission benefit*	25%	25%
NICU Confinement Up to 30 days per calendar year *Percentage increases the hospital confinement benefit*	25%	25%

FIND ALL THE DETAILS

Supplemental benefit options will not cover conditions that existed prior to your coverage date.

Visit | *AGRILAND FS Benefit Portal* ↖



SUPPLEMENTAL BENEFIT OPTIONS Continued

Lincoln Financial

ACCIDENT INSURANCE

When you, your spouse or child has a covered accident, you can receive a benefit to help with unexpected costs. Accident insurance covers a wide range of incidents from dislocated fingers to third-degree burns and more. While medical plans may cover direct costs associated with an accident, this benefit can help cover other expenses.

The benefits are paid directly to you, so you can use the money however you need it.

Your Benefits

EXAMPLES OF COVERED EVENTS	BENEFIT
Emergency Treatment	
Ambulance Ground | Air	$225 | $1,125
Emergency Care	$150
Fractures	
Fracture Ankle, Arm, Wrist	$575
Fracture Fingers, Toes	$125
Dislocations	
Dislocation Fingers, Toes	$125
Dislocation Hip	$3,375
Injuries	
Concussion	$200
Lacerations	$50–$600
Hospitalization	
Hospital Admission	$1,000
ICU Admission	$1,500

CRITICAL ILLNESS INSURANCE

Critical illness insurance provides a benefit to help you cover unexpected expenses when you or an insured family member is diagnosed with a covered condition. The plan also includes access to a Personal Health Advocate to assist you and your entire family in managing healthcare services when you need it the most.

The benefits are paid directly to you, so you can use the money however you need it.

Coverage Options

Employee Benefit	$10,000 increments up to $30,000 **Guaranteed Issue:** $30,000
Spousal Benefit	$5,000 increments up to $15,000 *Not to exceed 50% of employee's election* **Guaranteed Issue:** $15,000
Child Benefit	$5,000 or $10,000 *Not to exceed 50% of employee's election*

Your Benefits

EXAMPLES OF COVERED ILLNESSES	BENEFIT
Invasive Cancer	100%
Non-Invasive Cancer	25%
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
Tetanus	25%
Rabies	25%

$50 WELLNESS BENEFIT

The accident and critical illness insurance policies include a wellness benefit.
You can receive $50 per year for completing certain wellness screenings!

Find More Details

Find the details on all of your supplemental options, including the wellness benefit, coverage exclusions and more.

Visit | *AGRILAND FS Benefit Portal*

401(K) RETIREMENT PLAN

We sponsor a 401(k) retirement plan through Fidelity to help you build savings for the future. **All employees are immediately eligible to participate in the 401(k) plan upon hire.**

PERSONAL CONTRIBUTIONS

You can contribute on a pre-tax or post-tax (Roth option) basis.

- **Pre-tax contributions** lower your taxable income now, but any distributions and growth your account makes will be taxed at retirement.
- **Roth contributions** are deducted after taxes. Contribution earnings are tax-free if they are a qualified distribution.

Contribution Limits

You can contribute up to 75% of your pay through combined pre-tax and/or Roth contributions (*subject to IRS limits).*

IRS 401(k) Contribution Limits*

AGE IN 2026	LIMIT
Under 50	$23,500
50–59	$31,000
60–63	$34,750
64+	$31,000

**Subject to change when the IRS releases 2026 limits.*

COMPANY CONTRIBUTIONS

Timing

After Dec. 31, AGRILAND FS will match part of your personal contributions. You must be employed on Dec. 31 of the plan year to be eligible for the employer match.

Employer Match

- We will match 50% of your contributions up to $300.
- Seasonal employees are eligible to participate in the plan but are ineligible for employer matching contributions.

Vesting

You are always 100% vested in both your contribution and AGRILAND FS's contributions!

AUTOMATIC ENROLLMENT

If you do not make your own contribution election, you will be automatically enrolled after 45 days.

- You will have a pre-tax contribution rate of 5%.
- Your contributions will automatically increase up to 10%

MANAGE YOUR ACCOUNT

Enroll and manage your account online. You can change your contribution percentage at any time.

Visit | *NetBenefits.com*

EMPLOYER-SPONSORED PENSION

AON

THE PEAK OF RETIREMENT BENEFITS

Your Future—Funded by AGRILAND FS

AGRILAND FS is proud to fully fund a pension plan for eligible employees. The pension provides you with a monthly benefit check for the remainder of your lifetime in retirement once you are vested in the plan.

Secure Your Future on Your Terms

You can secure your future on your terms **without having to make your own contributions.**

1. No Risk for You

   Your vested pension benefit is insured by the Pension Benefit Guaranty Corporation. Your employer takes all the risk for market volatility, so you have your full benefit at retirement.

2. Benefits Based On Your Work

   Your benefits are based on your compensation, length of service, and age at retirement.

   The longer you're employed with the GROWMARK System, the richer your benefit will be.

3. Income for Life—Even If You Don't Save

   Once you're vested, you're guaranteed a monthly check once you retire for the rest of your life.

4. Retire Early and Still Receive Your Benefit

   If you want to retire early, you can start receiving your benefit beginning at age 55.

5. Benefit Amount

   Your pension benefit is designed to replace **more than half of your monthly income** when you retire.

   For example, a person retiring at age 65 with 32 years of credited service and an average annual income of $65,000 will receive $2,860 a month in retirement.

   That's about $514,800 total if they live until age 80!

HOW IT WORKS

Key Timing Milestones

Eligibility & Enrollment: 12 Months of Employment

You will be automatically enrolled once you:

- Are age 21 or older
- Complete 12 months of employment with at least 1,000 hours worked

Vesting: Jan. 1 After Five Calendar Years

"Vested" means you have full ownership in your pension. Once you are vested, you're vested for life and your benefit grows over time. You will be vested on Jan. 1 after five calendar years with 1,000 hours worked in each year.

Years of Credited Service

- Pension years of credited service begin Jan. 1 of the year you are enrolled.
- A year of pension credited service is one calendar year with at least 1,000 hours worked.
- It's important to note that your years of credited service are separate from your work anniversary years.

Beneficiaries

Designate your beneficiaries by completing the form in the *AGRILAND FS Benefit Portal* ↖ or reach out to your benefit administrator.

Working Side by Side With Your 401(k)

To create a more accurate savings plan, see your accrued pension benefit next to your 401(k) on your Fidelity dashboard.

FORECAST YOUR PENSION IN MINUTES!

Run a customized pension estimate on Your Pension Resources (YPR). Discover what your benefit could look like based on your personal factors, and even plug in different retirement dates.

YPR is accessible once you are enrolled in the pension plan.

Visit | *YPR.Aon.com/GROWMARK*

EMOTIONAL WELL-BEING RESOURCES

ComPsych

EMPLOYEE ASSISTANCE PROGRAM

Mental Health Support and Referrals

All employees and their households have access to GuidanceResources, ComPsych's Employee Assistance Program (EAP) to help with everyday life challenges that affect your health, family life and desire to excel at work.

HOW IT WORKS

You have access to consultants by phone, resources, online tools with a resource library, and up to **five counseling sessions** per issue, per person, per year.

24/7 ASSISTANCE

Call | 888-628-4824

Visit | *GuidanceResources.com*

Organization Web ID | LFGsupport

AN EAP CAN HELP WITH:

- Emotional Well-Being
- Family Issues & Dependent Care
- Financial Wellness & Tools
- Legal Assistance
- Work & Career Development

ADDITIONAL SUPPORT

For support beyond your EAP benefits, employees enrolled in one of our medical plans can use Teladoc for mental health, including therapy and psychiatry.

Learn more on page 10.

ADDITIONAL WELLNESS BENEFITS

ACTIVE&FIT DIRECT FITNESS PROGRAM

Find a routine that's right for you, whether you prefer to work out at home or at the gym. The Active&Fit Direct Fitness Program is available to all employees

Support for Your Fitness Needs

Track your progress with fitness tools and resources to stay on target. You can even add a spouse to your membership to achieve your goals together.

Find the Fit That Works for You

Choose a membership that fits your lifestyle. Enrollment fees are often waived throughout the year. Contact your HR representative for an active code.

Membership Level	FREE	PAID
Cost Per Month	$0	Starts at $28
Virtual Options Over 13,000 expert-led videos	✓	✓
Fitness Location Variety Access to 12,000+ fitness centers across the U.S.		✓

Active&Fit Direct plans are not part of Open Enrollment elections and do not require a qualifying life event to enroll. You may enroll or cancel your plans at any time. Premiums cannot be deducted from payroll.

WELLNESSPATH FINANCIAL TOOL

Personalized for Your Financial Goals

Start setting and meeting your financial goals with WellnessPATH from Lincoln Financial.

Whether you're struggling with credit card debt, paying off student loans, trying to save more for retirement, or building a vacation fund, you have tools to succeed.

Get Started

Visit | *MyLincolnPortal.com*

1. Log in or create an account.
2. Complete the assessment on the home page.
3. Receive a wellness score and action steps in four main areas—saving, spending, debt, and protection.
4. You'll receive access to WellnessPATH when you complete the assessment.

This is a free tool that does not require additional enrollment.

SPOT PET INSURANCE

We've partnered with Spot to provide peace of mind in the event of unexpected vet bills for your dog or cat.

Pick a Plan That Works for You

With a Spot plan you can go to any licensed vet, emergency clinic, or specialist in the U.S. or Canada and receive up to 90% cash back on eligible accident and illness bills.

Choose from:

- Accident Only
- Accident & Illness
- Optional preventive care and wellness add-ons

Your Coverage Includes:

- 24/7 telehealth helpline through VetAccess
- 20% discount on a Spot policy

Get Started

Find all the information you need online. Our partner ID is EB_GROWMARK.

Visit | *SpotPet.link/growmark*

Call | 800-905-1595

Spot pet insurance plans are not part of Open Enrollment elections and do not require a qualifying life event to enroll. You may enroll or cancel your plans at any time. Premiums cannot be deducted from payroll.

IDENTITY PROTECTION

Allstate IDENTITY PROTECTION

Allstate Identity Protection's comprehensive monitoring helps you protect yourself and your family against identity theft and the stress of trying to remediate fraud. See your personal data, manage it with rapid alerts, and help protect your identity.

IDENTITY PROTECTION SERVICES

- Identity and credit monitoring
- High-risk transaction monitoring
- Dark web monitoring
- Data breach notifications
- Social media account takeover monitoring
- Protect yourself and your family
- Remediate pre-existing conditions at no added cost
- Full service, U.S.-based remediation support
- Up to $1 million identity theft expense reimbursement

GET STARTED IN THREE EASY STEPS

Visit | *MyAIP.com/signin*

1. Set up your account
2. Activate credit monitoring by verifying your identity
3. Add family members, if applicable

WHAT DOES IT COST?

Individual | $9.95/month

Family | $17.95/month

LEARN MORE

Call | 800-789-2720

Visit | *MyAIP.com*

BENEFIT RESOURCES

FIND AN IN-NETWORK PROVIDER

Your healthcare costs increase greatly when you visit a provider who is not in your plan's network. Always confirm your provider is in your network, especially when being referred to another provider or facility for services.

MEDICAL	DENTAL	VISION
Blue Cross and Blue Shield of Illinois	Delta Dental of Illinois	VSP
Network | Blue Card PPO	**Network** | PPO/Premier	**Network** | Signature
BCBSIL.com/find-care	*DeltaDentalIL.com*	*VSP.com/eye-doctor*

BENEFIT GLOSSARY

Balance Billing

When you are billed for the difference between the provider's actual charge and the amount reimbursed under the medical, dental or vision plan. This occurs when you go outside of the preferred provider network. Balance billing charges will not apply toward your out-of-pocket maximum.

Coinsurance

The percentage of the cost you pay for covered services after you meet your deductible.

Copayments (Copays)

A flat fee you pay for a covered healthcare service. You will typically pay your copay at the time of service, and then the plan will pay any remaining amount.

Deductible

The amount you are required to pay each year before certain benefits are paid for by the plan. Once you meet the deductible amount, expenses are covered by the plan based on the coinsurance percentage. The deductible resets on Jan. 1 each year.

Explanation of Benefits (EOB)

A statement, usually mailed to you, that explains how your claim was processed by the insurance company. The EOB details what portion of the claim was paid by the insurance company and what portion is your responsibility.

Health Savings Account (HSA)

An HSA is a special, tax-advantaged, interest-bearing savings account you can use for qualified healthcare expenses such as your deductible, copayments, and other out-of-pocket expenses.

Network

The doctors, hospitals, and other healthcare providers your insurance company has contracted with to provide services at discounted rates. You will pay less when you use in-network providers. Some plans will not cover the care you get outside of the network.

Out-of-Pocket Maximum (OOPM)

The most you pay in a year for covered services. If you reach the OOPM, the plan pays 100% of covered expenses for the rest of the calendar year.

Plan Year

The plan year refers to Jan. 1 through Dec. 31.

Usual, Customary, and Reasonable (UCR) Charges

Healthcare charges determined by your health insurance provider that are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive care in-network, UCR charges do not apply. For out-of-network care, you are responsible for any extra charge over the UCR fee.

BENEFIT CONTACTS

BENEFIT	PROVIDER	PHONE	WEBSITE
Medical and Pharmacy	Blue Cross and Blue Shield of Illinois	800-828-3116	*BCBSIL.com*
Virtual Visits	Teladoc Health	800-835-2362	*TeladocHealth.com*
Diabetes Support	Teladoc Health	800-835-2362	*TeladocHealth.com/register*
Wellness Program	Well onTarget	877-806-9380	*WellonTarget.com*
Fitness Program	Well onTarget	888-762-2583	*WellonTarget.com*
Dental	Delta Dental of Illinois	800-323-1743	*DeltaDentalIL.com*
Vision	VSP	800-877-7195	*VSP.com*
Health Savings Account	Fidelity	800-544-3716	*NetBenefits.com*
Long-Term Disability Insurance	Lincoln Financial Group	800-423-2765	*AGRILAND FS Benefit Portal* ↖
Life Insurance	Lincoln Financial Group	800-423-2765	*AGRILAND FS Benefit Portal* ↖
Accident, Critical Illness and Hospital Indemnity Insurance	Lincoln Financial Group	800-423-2765	*AGRILAND FS Benefit Portal* ↖
Identity Protection	Allstate Identity Protection	800-789-2720	*MyAIP.com*
401(k) Retirement Plan	Fidelity	800-835-5095	*NetBenefits.com*
Employer-Sponsored Pension	Aon	844-382-1691	*YPR.Aon.com/GROWMARK*
Employee Assistance Program	ComPsych	888-628-4824	*GuidanceResources.com*
Fitness Program	Active&Fit Direct	—	Contact your HR representative for an active code.
Personalized Financial Tool	WellnessPATH	—	*MyLincolnPortal.com*
Pet Insurance	Spot	800-905-1595	*SpotPet.link/growmark* Partner ID | EB_GROWMARK
AGRILAND FS Human Resources	Nicole Mitchell	515-462-5366	*nmitchell@agrilandfs.com*
AGRILAND FS Human Resources	Lauren Robins	515-474-5303	*lauren_robins@agrilandfs.com*

REQUIRED NOTIFICATIONS

View these required notifications on the enrollment portal or request paper copies. Contact AGRILAND FS Human Resources.

Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law governing the privacy of individually identifiable health information. We are required by HIPAA to notify you of the availability of our Notice of Privacy Practices. This notice describes our privacy practices and legal duties, your rights concerning your Protected Health Information and how you can get access to this information.

Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Contact your benefits administrator for more information.

Children's Health Insurance Program Notice

Special enrollment opportunities for employees and/or dependents that are eligible for, but not enrolled in, a group health plan are available. These employees and/or dependents are eligible to enroll in the plan upon:

- Losing eligibility for coverage under a State Medicaid or CHIP program, or
- Becoming eligible for State premium assistance under Medicaid or CHIP.

Creditable Coverage Disclosure Notice

The Creditable Coverage Disclosure Notice provides information about your current prescription drug coverage through a GROWMARK System group health plan and 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.

COBRA General Notice

If you have elected to participate in one of our group health plans, please note that you are eligible for continuation of coverage through COBRA. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage.

HCR Marketplace Notice

The Health Insurance Marketplace is to assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based coverage offered by GROWMARK.

Summary of Benefits and Coverage (SBC)

As of September 23, 2012, group health plans were required to provide participants with an easy-to-understand summary about the group health plan's benefits and coverage. To ensure uniformity of these summaries, all group health plans are required to use the same standard SBC form to help participants compare health plans.

MEWA Wrap Summary Plan Description

Plan Administrators are legally obligated upon request, under the Employee Retirement Income Security Act (ERISA), to provide health care plan participants a summary of the plan called a summary plan description or SPD. The SPD provides participants with a layman's version of the plan design and features.

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 stopped contributing towards your or your dependents' other coverage).

However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as 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.

To request special enrollment or obtain more information, contact Nicole Mitchell at *nmitchell@agrilandfs.com*.

AGRILAND FS, Inc.

The information in this enrollment guide is based on information provided by the employer and various benefit documents. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this guide and the actual plan documents, the plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996.

Guide prepared by The MJ Companies.