

employee
benefits
enrollment
guide

2023 -
2024

**new for Crumbl Enterprises, LLC and its
subsidiaries - 2023-2024**



open enrollment

starts 17, April 2023

ends 30, April 2023



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Do you need help or have questions?

You can reach out to your insurance company or benefit provider using the contact numbers provided on page 3.

If your issues are still not resolved, please contact your Diversified Insurance Group Employee Advocate.



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At Crumbl Enterprises, LLC and its subsidiaries, we believe employees are the foundation of our success.

Crumbl is pleased to offer you a selection of comprehensive, high quality employee benefits for eligible employees and their dependents. This enrollment guide is designed to help you understand the options available.

Who is eligible?

- Full-time employees who actively work at least 30 hours per week;
- Your legal spouse;
- Your natural born children, current stepchildren, or legally adopted children up to age 26;
- Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

When does coverage begin for New Hires?

Coverage begins on the first day of the month following your date of hire. You must be actively at work for your coverage to become effective.

What do I need to consider for Open Enrollment?

When choosing your insurance coverage for 2023-2024, review the benefit options available to you and make the elections that are right for you and your family.

- Which medical plan will work best for you?
- How much do you want to contribute to the health care account that works with your medical plan?
- Do you need dental or vision coverage?
- Do you need to cover eligible family members under your insurance benefits?
- Do you want to purchase supplemental life or disability insurance?
- Do you have upcoming life events to consider when selecting benefits, such as the birth of a new baby, a marriage, or a child going to college?
- Who should be your beneficiary for life insurance and your Health Savings Account (HSA), if applicable?



Important reminder

In order to enroll in, modify, or waive benefits, you **must** log into Ignite. If you do not make changes during Open Enrollment, your next opportunity to make changes will be during next year's Open Enrollment period or with an IRS qualifying life event. For more details on IRS qualifying life events, visit [healthcare.gov](https://www.healthcare.gov).



During your benefits enrollment period, you can add an eligible dependent to your coverage.

IMPORTANT NOTICE

Once you're enrolled, if you get married, have/adopt a baby, get a divorce, or another **qualified life event occurs, you must notify HR within 30 days** of the date of change. For more information about who's eligible to be on your plans, see the Notices section of this guide.



online enrollment instructions



You must register before you can enroll in or make changes to your Employee Benefit elections and personal information.

Please follow the steps outlined here to register in Ignite, Crumbl's online enrollment system. Once you have registered, you will be able to enroll in benefits or make changes to your existing benefits and personal information in the Ignite system.



- Step 1** Open your internet browser and navigate to ignitebenefits.com
-
- Click on **New Registration** and enter your information.
- Step 2** If you already have a **Username** and **Password** please select **Login** and skip ahead to **Step 4**.
- Crumbl's identifier is:
Crumbl
-
- Follow the instructions to set up your **Username** and **Password**.
- Step 3** Please use secure password storage practices to safeguard your personal information.
-
- Now that you're registered and logged into the system, you can navigate to your **Profile**,
- Step 4** **Benefits, Required Tasks** (benefits or HR related items that Crumbl requires you to complete), and **Resources**.



useful contact information

Medical

UnitedHealthcare

myuhc.com

866-414-1959

Health Savings Account

Optum

optumbank.com

866-234-8913

Dental

Delta Dental

deltadentalins.com

Group # 22273

800-521-2651

Vision

VSP

vsp.com/eye-doctor

800-422-4234

Flexible Spending & Dependent Care Accounts

BBP

bbadmin.com

630-773-2337

Life, Disability & Worksite Insurance

UNUM

unum.com

866-679-3054

Employee Assistance Program

UNUM

unum.com/lifebalance

800-854-1446

Employee Advocate

Diversified Insurance

crumbl@digadvocate.com

801-325-5035

Do you have benefit questions?

Please contact the insurance company or benefit provider using the contact information on this page.

If the provider cannot resolve your issues, please contact our Diversified Insurance Group Employee Advocate.





important medical insurance terms



What comes out of my pay?

Annual premium

The annual cost to purchase medical coverage is spread across the year, so you pay a portion of it in each pay period on a pretax basis. Medical premiums are based on the plan you choose and the number of people you cover.



What will I pay after I meet my deductible?

Coinsurance

After you meet the annual deductible, generally, you'll continue to pay the stated coinsurance percentage for in-network covered medical services until you meet the out-of-pocket maximum. The plan pays the rest.



What will I pay when my medical coverage starts?

Annual deductible

You won't pay for in-network preventive care defined by the U.S. Preventive Services Task Force, such as your annual checkup. Generally, for all other covered care, you'll pay the amount of your policy year deductible before the plan starts to pay.



How much will I pay out of my own pocket?

Out-of-pocket maximum

This is the most you would pay for covered medical services in a policy year. Once you meet it, the plan pays the full cost of additional covered care.



Will my doctor be in-network?

Provider network

You can confirm whether your doctor is in-network by going to the UnitedHealthcare website, listed on page 4 of this benefit guide.







What is Crumbl contributing?

Crumbl contribution

Crumbl pays a portion of your monthly premium to limit your monthly cost and provide you with affordable coverage options.



medical plan options

	\$1,500 TRADITIONAL COPAY PLAN CHOICE PLUS NETWORK		\$2,000 TRADITIONAL COPAY PLAN CHOICE PLUS NETWORK		\$3,000 HDHP CHOICE PLUS NETWORK	
	In-Network	Out-of-Network *	In-Network	Out-of-Network *	In-Network	Out-of-Network *
 Annual Deductible June 1 - May 31	You pay up to \$1,500 per individual \$1,500 per member / \$3,000 per family <i>Embedded</i>	You pay up to \$3,000 per individual \$3,000 per member / \$6,000 per family <i>Embedded</i>	You pay up to \$2,000 per individual \$2,000 per member / \$4,000 per family <i>Embedded</i>	You pay up to \$4,000 per individual \$4,000 per member / \$8,000 per family <i>Embedded</i>	You pay up to \$3,000 per individual \$3,000 per member / \$6,000 per family <i>Embedded</i>	You pay up to \$6,000 per individual \$6,000 per member / \$12,000 per family <i>Embedded</i>
 Coinsurance	You pay 10% AD	You pay 50% AD	You pay 20% AD	You pay 50% AD	You pay 20% AD	You pay 50% AD
 Out-of-pocket Maximum June 1 - May 31	You pay no more than \$4,500 per individual \$4,500 per member / \$9,000 per family <i>Embedded</i>	You pay no more than \$10,000 per individual \$10,000 per member / \$20,000 per family <i>Embedded</i>	You pay no more than \$6,000 per individual \$6,000 per member / \$12,000 per family <i>Embedded</i>	You pay no more than \$10,000 per individual \$10,000 per member / \$20,000 per family <i>Embedded</i>	You pay no more than \$6,000 per individual \$6,000 per member / \$12,000 per family <i>Embedded</i>	You pay no more than \$12,000 per individual \$12,000 per member / \$24,000 per family <i>Embedded</i>
 Preventive Services	You pay \$0 according to government guidelines	You pay 50% AD	You pay \$0 according to government guidelines	You pay 50% AD	You pay \$0 according to government guidelines	You pay 50% AD
 Office Visits Primary Care Specialist UHC Telemedicine	You pay \$30 copay You pay \$30 copay Covered 100%	You pay 50% AD You pay 50% AD Not Covered	You pay \$40 copay You pay \$40 copay Covered 100%	You pay 50% AD You pay 50% AD Not Covered	You pay 20% AD You pay 20% AD You pay \$49 copay AD	You pay 50% AD You pay 50% AD Not Covered
 Mental Health Services Office Visit Inpatient	You pay \$30 copay You pay 10% AD	You pay 50% AD You pay 50% AD	You pay \$40 copay You pay 20% AD	You pay 50% AD You pay 50% AD	You pay 20% AD You pay 20% AD	You pay 50% AD You pay 50% AD
 Emergency Services Urgent Care Emergency Room	You pay \$75 copay You pay \$250 copay	You pay 50% AD Covered as In-Network	You pay \$100 copay You pay \$250 copay	You pay 50% AD Covered as In-Network	You pay 20% AD You pay 20% AD	You pay 50% AD Covered as In-Network
 Inpatient & Outpatient Inpatient Hospital Outpatient Surgery	You pay 10% AD You pay 10% AD	You pay 50% AD You pay 50% AD	You pay 20% AD You pay 20% AD	You pay 50% AD You pay 50% AD	You pay 20% AD You pay 20% AD	You pay 50% AD You pay 50% AD
 Prescription Medication Retail (30-day supply) Mail Order (90-day supply)	Tier 1 / Tier 2 / Tier 3 You pay \$10 / \$35 / \$70 You pay up to 2.5x Retail		Tier 1 / Tier 2 / Tier 3 You pay \$10 / \$35 / \$70 You pay up to 2.5x Retail		Tier 1 / Tier 2 / Tier 3 You pay \$10 AD / \$35 AD / \$70 AD You pay up to 2.5x Retail	

AD: After Deductible

* Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

EMPLOYEE COST PER PAY PERIOD (26)				EMPLOYEE COST PER PAY PERIOD (26)				EMPLOYEE COST PER PAY PERIOD (26)			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family	Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family	Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$44.13	\$144.74	\$132.38	\$229.46	\$41.93	\$137.53	\$125.79	\$218.03	\$35.64	\$116.91	\$106.93	\$185.34



virtual visits and eap from unitedhealthcare

Access to care online at any time

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy.

Access virtual visits

Simply log in to myuhc.com[®] and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your *medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

Go to myuhc.com[®] for more information about availability of virtual visits and prescription services.

Use Your Virtual Visits When:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital or emergency room for a non-emergency health condition

Not Good For:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains / broken bones

*Prescription services may not be available in all states. Access to virtual visits and prescription services may not be available in all states or for all groups. Always refer to your plan documents for your specific coverage. Virtual visits are not an insurance product, health care provider, or a health plan. Virtual visits are an internet based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for virtual visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately.

When life gets challenging, you've got caring, confidential help

Your Employee Assistance Program (EAP)* provides 24/7 direct access to personalized support, resources and no-cost referrals to help you, and your family, iwth a range of issues, including:

- Managing stress, anxiety and depression
- Improving relationships at home or work
- Getting guidance on legal and financial concerns
- Coping with occupational stress and burnout support
- Addressing substance use issues

You have unlimited access to a telephonic EAP specialist who can help in the moments that matter, at no additional cost.

Call today for access to master's-level EAP specialists at no additional cost

EAP provides coverage for 3 free counseling sessions per incident, per year.

Services are completely confidential and will not be shared with your employer.

*You must be enrolled in a medical plan with UnitedHealthcare to participate in the EAP.

Contact UnitedHealthcare

myuhc.com | (866) 633-2446



Get started call EAP 24/7

myuhc.com | (888) 887-4114



be sure to use the myhealthcare cost estimator

In just minutes, you can get a preview of your health care costs.

Using your benefit information, UnitedHealthcare's **myHealthcare Cost Estimator** shows you the estimated cost for a treatment or procedure, and how that cost is impacted by your deductible, co-insurance and out-of-pocket maximum.

This means you'll get an estimate of what you'll be responsible for paying out of your pocket, providing you with useful information for planning and budgeting.



Contact UnitedHealthcare
myuhc.com | (866) 633-2446



You pay a different amount for a procedure depending on the provider you see and/or where the procedure is done.

The more you use myHealthcare Cost Estimator, the more you'll see that not all doctors are the same. Depending on what you're looking for, you could see a wide range of estimates for the same procedure or treatment. You can then use this information to help you decide where to get care, or to start a discussion with your doctor.

Just search for the condition (e.g., back pain) or treatment (e.g., physical therapy) you would like an estimate for, and we'll show you doctors and locations that offer those services in your area. You'll also be able to learn about your care options, compare estimated costs, see quality and cost efficiency ratings, and even map out where you'll be going. Most importantly, you'll be able to make a more informed decision about what option is best for you.

Why use myHealthcare Cost Estimator?

With this information, you'll be more prepared to decide which choice is best for you, plan your care and budget for medical expenses. You may save money, find doctors who better meet your needs or even find out about a new option you've never heard of before. It's all about having the information you need to make the best decisions for your health and your pocketbook.



participate in these healthy living programs

Real people. Real appeal. *Free to eligible UHC Members

Personal transformation coach

- Step-by-step guidance and customization for a program that fits your needs, preferences and goals.
- Support and motivation for a full year to help you lose weight or maintain results.
- A personalized dashboard to keep track of your calories, fitness and goals.

24/7 convenience

- Staying accountable to your goals may be easier than ever with:
- Food, activity, weight and goal trackers.
- Unlimited access to digital content.
- Your online group class, which is designed to help you build a camaraderie and accountability with others in the program.
- Weekly health tips from celebrities, athletes and health experts.

Success kit

Resources to help you kick-start your weight loss and keep yourself on the road to results. Your kit will be delivered after your first class. It includes:

- Step-by-step Success Guides.
- Workout DVDs.
- Quick and simple recipes.
- Nutrition guide.
- And much more.

*The Real Appeal program is provided to eligible members at no additional cost to you as part of your benefit plan. Real Appeal is a voluntary weight loss program that is offered to eligible participants over age 18 as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

Join Real Appeal today
success.realappeal.com



Contact UnitedHealthcare Rally®
rallyhealth.com | (844) 334-4944

Set healthy goals and stay on target with Rally®.

What is Rally®?

Rally® is a user-friendly digital experience that shows you how to make simple changes to your daily routine, set smart goals and stay on target. You'll get personalized recommendations on how to move more, eat better and feel happier - and have fun doing it.

- Get your Rally Age
- Build better habits
- Win cool stuff

Great health recommendations, just for you.

Start with the quick Health Survey and get your Rally Age to help you assess your overall health. Rally will then recommend missions for you: simple activities designed to help immediately improve your diet, fitness and mood. Start easy, and level up when you're ready.

Plus, on Rally® there are lots of ways to earn Rally coins, which you can use for chances to win great rewards. Rack up coins for joining missions, pushing yourself in a challenge and even just for logging in every day. Rally is available at no additional cost to you, as part of your health plan benefits.

How to sign up:

1. Go to rallyhealth.com and click the Rally link
2. Register and find your mission today!



health care account options










Offset your out-of-pocket health care expenses by contributing pre-tax dollars to a health care account.

The Flexible Spending Account is administered by BBP and the Health Savings Account is administered by Optum.

	Flexible Spending Account (FSA)	Health Savings Account (HSA)
Who is eligible for this account?	This account cannot be paired with a High Deductible Health Plan. You are not required to be enrolled in a medical plan in order to be considered eligible for this account.	To be eligible for this account, you must be enrolled in the High Deductible Health Plan that Crumbl offers.
What would I use this account for?	Eligible health care expenses, including dental, vision and prescription medication.	To save for future health care expenses, but also to pay for eligible health care expenses, including dental, vision and prescription medication, now.
What is the maximum amount that Crumbl and I combined can put in this account?	\$3,050 is the IRS pretax contribution limit	\$3,850 Employee-only coverage \$7,750 Family coverage If you'll be at least 55 years old in 2023, you can make an additional \$1,000 catch-up contribution.
When are the funds available?	Your entire contribution amount is available at the beginning of the year.	Funds are available as they come out of your paycheck pre-tax.
What happens if I don't use the money during the year?	You have until March 15, 2023 to incur eligible expenses. Per IRS regulations, you to forfeit any money that remains in your account following March 31, 2023. Up to \$610 in unused funds will roll over automatically to pay for eligible expenses in the following year. Any unused funds upon termination will be forfeited unless you enroll in COBRA.	All unused funds will roll over to the next year. You can take HSA funds with you when you leave the company or retire. If you have more than \$2,000 in your HSA, you can invest it, and any growth is generally tax free.



dental plan options

	LOW PLAN		HIGH PLAN		
	PPO or Premier Network	Out-of-Network*	PPO Network	Premier Network	Out-of-Network*
 Annual Deductible June 2023 - May 2024	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$50 per individual \$150 per family
 Annual Maximum June 2023 - May 2024	\$1,000 per individual	\$1,000 per individual	\$1,500 per individual	\$1,500 per individual	\$1,500 per individual
 Preventive Services See Plan Summary for more details	Plan pays 90% of covered services, No deductible	Plan pays 90% of Fee No deductible	Plan pays 100% of covered services, No deductible	Plan pays 80% of covered services, No deductible	Plan pays 80% of R&C , No deductible
 Basic Services See Plan Summary for more details	Plan pays up to 60% AD	Plan pays up to 60% of Fee, AD	Plan pays up to 80% AD	Plan pays up to 60% of AD	Plan pays up to 60% of R&C, AD
 Major Services See Plan Summary for more details	Plan pays up to 50% AD	Plan pays up to 50% of Fee, AD	Plan pays up to 50% AD	Plan pays up to 40% of AD	Plan pays up to 40% of R&C, AD
 Orthodontic Services Children to age 26	Plan pays up to 50%	Plan pays up to 50% of Fee	Plan pays up to 50%	Plan pays up to 50%	Plan pays up to 50% of R&C
 Orthodontic Lifetime Maximum	\$1,000 per individual	\$1,000 per individual	\$1,250 per individual	\$1,250 per individual	\$1,250 per individual

AD: After Deductible

R&C: Reasonable & Customary

* Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

	EMPLOYEE COST PER PAY PERIOD (26)				EMPLOYEE COST PER PAY PERIOD (26)			
	Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family	Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
	\$1.92	\$5.75	\$6.34	\$10.56	\$2.80	\$8.48	\$9.15	\$15.34

Delta Dental is the carrier for our dental plan.

Visit deltadentalins.com to find a provider in the network.

You may utilize both the **PPO** and the **Premier** Network.

You will see greater savings by using a provider on the PPO network.



vision plan options



VSP is our vision carrier.

Visit vsp.com to find a provider in the **CHOICE** network.

VSP offers LightCare. Even if you don't wear prescription glasses, an annual eye exam is an easy and cost-effective way to take care of your eyes and overall health.

With VSP LightCare, you can use your frame and lens benefit to get non-prescription eyewear from your VSP network doctor. Sunglasses or blue light filtering glasses may be just what you're looking for.



Routine Vision Exams
Contacts Fitting & Evaluation

Frequency



Exams	Once every 12 months
Contact Lenses	Once every 12 months
Frames	Once every 12 months
Lenses	Once every 12 months

Eyeglasses

Single Vision Lenses (Single, Bifocal, Trifocal, etc.) ¹

Plan pays **100%** of covered services after **\$20** copay

Plan reimburses up to **\$30 - \$70**



Lens Enhancements ¹

Lense enhancements are available such as, progressive, polycarbonate, scratch resistance and non-reflective coatings. Some at no cost and some at a reduced copay amount. Work with your provider to see what enhancements are best for you.

Frame Allowance

Plan provides a **\$200** allowance ²

Plan reimburses up to **\$70**

Contact Lenses



Prescription Medically Necessary

Plan pays **100%** of covered services

Plan reimburses up to **\$210**

Prescription Elective (in lieu of eyeglasses)

Plan provides a **\$150** allowance

Plan provides a **\$105** allowance

VSP Laser VisionCare Program

Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK and LASIK.

Not available

VSP VISION - CHOICE NETWORK

In-Network	Out-of-Network
\$10 copay	Plan reimburses up to \$45
\$60 reimbursement	Plan reimburses up to \$40

In-Network	Out-of-Network
Plan pays 100% of covered services after \$20 copay	Plan reimburses up to \$30 - \$70
Plan provides a \$200 allowance ²	Plan reimburses up to \$70

In-Network	Out-of-Network
Plan provides a \$150 allowance	Plan provides a \$105 allowance
Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK and LASIK.	Not available

EMPLOYEE COST PER PAY PERIOD (26)			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$0.62	\$1.85	\$2.02	\$3.60

¹ Limited to standard, uncoated plastic lenses.

² A **20%** discount is applied to frames over the **\$200** allowance. 20% off unlimited additional pairs of glasses or sunglasses from any VSP doctor.



basic life insurance



Life insurance can provide income protection for you and your family.

Basic Life and Accidental Death & Dismemberment Insurance is provided through UNUM to help you protect yourself and your family against worst-case scenarios.

The importance of listing a Beneficiary

When you enroll in Basic Life and AD&D benefits, it is important to select a Beneficiary. Even if you are waiving all other benefits, you still need to login to Ignite and enter your beneficiary information. We recommend that you review and update this information every year.



Basic Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance

Crumbly provides each employee with **\$10,000** of Life and AD&D as part of your core benefits. This coverage is completely free to employees — Crumbly pays the premiums.

Benefits reduce by 35% at age 65, 50% at age 70, 65% at age 75 and 80% at age 80.

Additionally, you have the option to convert or port your coverage if you retire, lose eligibility, or terminate your employment with Crumbly. You must complete the paperwork with UNUM within 30 days of your termination date.



voluntary life insurance

Protect the life you are building.

Voluntary Life insurance gives you the opportunity to purchase the amount of life insurance you will need to protect your family's financial future — at affordable group rates. This is not a pre-tax benefit and the coverage is completely voluntary.



Voluntary Life and AD&D Insurance

Crumb! offers Voluntary Life and AD&D for you and your dependents, which can be purchased through UNUM.

You may purchase additional life insurance coverage in increments of \$10,000, not to exceed \$750,000. During your initial enrollment period, when you are first offered this coverage, you may choose a coverage amount up to \$180,000 (non-medical maximum) without providing proof of good health — if you wish to elect an amount that is above \$180,000, you will need the Evidence of Insurability (EOI) link. This will be sent to you via link from UNUM after enrollment.

At Annual Open Enrollment, as long as you enrolled when you were initially eligible, you may increase your coverage amount up to the non-medical maximum without providing proof of good health.

If you leave the company, you can take this policy with you — portability information is available from human resources. Benefits reduce beginning at age 65 — please refer to your plan documents for the full benefit reduction schedule.



Voluntary Dependent Life and AD&D Insurance

You may purchase spouse coverage in increments of \$5,000, not to exceed 100% of the employee elected amount, or \$500,000.

During your initial enrollment period, when you are first offered this coverage, you may choose a coverage amount for your spouse up to \$30,000 without providing proof of good health — if you wish to elect an amount that is above \$30,000, you will need complete the Evidence of Insurability (EOI) link. This will be sent to you via link from UNUM after enrollment.

Benefits reduce beginning at age 65 — please refer to your plan documents for the full benefit reduction schedule.

Children's insurance coverage is for unmarried dependent children from 6 months to age 26 (regardless of student status), subject to eligibility requirements.

Infants ages live birth to 6 months has a flat benefit of \$1,000. You may purchase \$10,000 of children's coverage, in increments of \$2,000. Coverage is inclusive for all children. This means that if you have one child or many children, you pay one flat amount; however, each child is covered individually for the coverage amount.



disability insurance options

Disability insurance can help to replace a portion of your income when you are unable to work.

For many people, unplanned time away from work can make it difficult to manage household costs. If you are unable to work due to a covered injury, illness, or even childbirth, Disability Insurance can provide an ongoing benefit to help keep your finances stable.



Voluntary Short-term Disability (STD) Insurance

Benefits Begin: There is a waiting period before benefits are payable. Benefits begin on the 14th day of injury or illness.*

Weekly Benefit: 60% of weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources.

Maximum Benefit Period: Benefits are available for up to 24 weeks.

Maximum Weekly Benefit: \$1,500

This benefit is provided through UNUM and you pay 100% of the premium.

*** Pre-existing Condition Limits:** Coverage is excluded for disabilities that occurred during the 3 months prior to coverage beginning through the first 12 months of coverage. Pre-existing conditions include bodily injury, sickness, mental illness, pregnancy, and substance abuse UNUM reserves the right to review medical records up to 3 months prior to your effective date to evaluate pre-existing conditions upon filing a claim.



Long-term Disability (LTD) Insurance (Base Plan)

Benefits Begin: There is a waiting period (elimination period) before benefits are payable. Benefits begin on the 181st day of disability.*

Monthly Benefit: 50% of monthly earnings, not to exceed the plan's maximum monthly benefit amount, less other income sources.

Maximum Benefit Period: Social Security Normal Retirement Age

Maximum Monthly Benefit: \$2,000

This benefit is provided through UNUM and Crumbl pays 100% of the premium for you. You are automatically enrolled in this benefit.



Voluntary Long-term Disability (LTD) Insurance (Buy-Up)

If you wish to elect additional coverage above the base plan amount that Crumbl provides for you, you may elect the Buy-up plan.

Benefits Begin: There is a waiting period (elimination period) before benefits are payable. Benefits begin on the 181st day of disability.*

Monthly Benefit: 60% of monthly earnings, not to exceed the plan's maximum monthly benefit amount, less other income sources.

Maximum Benefit Period: Social Security Normal Retirement Age

Maximum Monthly Benefit: \$5,000

This benefit is provided through UNUM and you pay 100% of the premium.



additional voluntary benefit options

Crumbl offers these additional voluntary benefits through UNUM to help you navigate life's challenges.

UNUM's goal is to help you and your family cope with and recover from the financial stress of a serious accident or illness. These plans are not major medical insurance; they are insurance for daily living expenses and pay cash directly to you.



Accident Insurance

This plan pays toward injury related ER visits, hospitalizations, follow up visits, physical therapy, and coverage for on or off-the-job accidents*.

- Pays injury benefits from **\$25** to **\$10,000**
- Includes accidental death benefit
- Guaranteed acceptance



Hospital Indemnity Insurance

Benefits are paid directly to you when you need it most and can be used however you choose: to help pay for out-of-pocket medical expenses like co-pays and deductibles or for non-medical expenses*.

- Hospital admission benefit and daily hospitalization benefits
- Intensive Care Unit benefit for up to 30 days
- Pays you benefits for hospitalization due to pregnancy
- Guaranteed acceptance for new hires only
- Be Well Wellness Benefit included (once per covered person per calendar year = \$50)



Critical Illness Insurance

Benefits are paid directly to you as cash benefits that correspond with a variety of covered illnesses*, such as: cancer, vascular conditions, neurological conditions, comas, and more.

- **Choose:** the benefits to protect yourself and any family members if diagnosed with a covered critical illness.
- **Use:** you go to your annual exam, the doctor runs tests, the results come back, and you're diagnosed with a covered illness.
- **Claim:** go online, and file a claim. The cash benefits are paid to you, to use however you wish.

*** Pre-existing Condition Limits:** UNUM will not pay any benefit that is contributed by a pre-existing condition unless you have been enrolled on the policy for 3 months. Pre-existing conditions can include bodily injury, sickness, mental illness, pregnancy, and substance abuse. UNUM reserves the right to review medical records up to 12 months prior to your effective date to evaluate pre-existing conditions upon filing a claim.

This information is designed to help you choose a benefit plan for 2023-2024 only. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail.



An employee assistance program to provide confidential help with life's stresses.

Take advantage of your Employee Assistance Program and Work/Life Balance services, included free of charge with your Unum benefits.

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Turn to us, when you don't know where to turn

We all experience times when we need a little help with life's challenges. Log onto your member website and click on "Access Your EAP Benefits" to access these EAP+Work/Life resources

- Topics covering Contracts, Bankruptcy, Divorce, Custody, Real Estate, Wills & Estates, and more. Access to the most commonly used forms.
- Information and resources on Budgeting, Debt, Bankruptcy, Estate & Retirement, Investing, Taxes, and more. Interactive calculators available.
- Bill negotiation for non-covered medical or dental charges.
- Save on everyday products, services and events with access to Perks at Work.
- Travel Assistance benefits if you are traveling more than 100 miles from home.
- 80+ soft skill courses in the areas of Communication, Personal and Professional Development, Leadership, Interpersonal Skills and more.
- Access to locators for Childcare, Eldercare, Pets, Adoption, Education and Volunteer Services in your area.
- Webinars from leading experts on Work/Life topics.

Contact UNUM Work/Life Balance

unum.com/lifebalance | (800) 854-1446





protection for your furry family members

The ASPCA® Pet Health Insurance program offers several plans to help fit you and your pet's needs.

ASPCA Pet Health Insurance plans offer both accident and illness coverage to pet parents.

A proven partner. Dedicated to providing extensive coverage for furry family members.

You can enroll your cat or dog and rates vary by plan type, species, breed, age, and zip code.

Voluntary health coverage for your pets

The ASPCA Pet Health Insurance program includes exam fees, diagnostics, and treatment for covered conditions. They even cover advanced treatments, like chemotherapy and surgery, and some you may not expect, such as stem-cell therapy and acupuncture, so you can follow your vet's recommendations with less worry about cost.

They also offer Accident-Only coverage that will help take care of costs for injuries related to accidents.

Get the right coverage at a price that fits.

Annual Deductible:

\$100, \$250, \$500 annual deductibles

- This is the amount you must satisfy for covered veterinary expenses before you can start being reimbursed.

Reimbursement Percentage:

70%, 80%, 90% Reimbursement Percentages

- This is the percentage of covered costs paid back to you after your deductible is met. For example, selecting 90% means you'll be responsible for paying 10% of covered expenses.

Annual Limit:

Your choice of \$3,000, \$4,000, \$5,000, \$7,000, or \$10,000 Annual Limit

- This is the amount you can be reimbursed over a 12-month policy period. It resets at the beginning of each new policy period.

* Pre-existing conditions are not covered. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit aspcapetinsurance.com/terms. Products, schedules, discounts, and rates may vary and are subject to change. More information available at checkout. The ASPCA® is not an insurer and is not engaged in the business of insurance. Products are underwritten by United States Fire Insurance Company (NAIC #21113, Morristown, NJ), produced and administered by C&F Insurance Agency, Inc. (NPN # 3974227), a Crum & Forster company. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution.

Enroll Today! (877) 343-5314
aspcapetinsurance.com/Diversified

Discount Code: DiversifiedPet





your employee advocate is here for you



Diversified Insurance has a dedicated employee advocacy team to help resolve claims problems, enrollment complications, and other service related issues.

Contact your Employee Advocate

(801) 325-5035 | (888) 244-1212 ext. 5035

crumbl@digadvocate.com

Or use this link to schedule a call:

<https://calendly.com/d/y2f-vyb-8xw/crumbl-advocate>



Our Employee Advocates will work with you and your providers to ensure that each party gets their questions answered and problems resolved.

Our Employee Advocates can:

- Work with carriers on billing and claim payment issues for employee medical, dental, vision, and life insurance
- Coordinate between the pharmacy and the health plan for escalated pharmacy issues
- Explain network access and payment process for in and out-of-network providers
- Work with providers to file paperwork if claims have been denied due to lack of required authorization
- Clarify the total and out-of-pocket cost for services provided
- Assist with referrals and prior authorizations
- Help with all levels of appeals
- Ensure services are being coordinated when multiple doctors or coverages are involved
- Help gain access to care and services
- Define preventive care and associated guidelines
- Assist in finding a specialist for a condition or diagnosis
- Explain benefit plan details and coverage provisions



general participation guidelines and notices

Crumb! Enterprises, LLC and its subsidiaries recognizes the importance of a benefit program that provides high-level protection to employees and their families. Our comprehensive benefits program has been created to fulfill a wide range of needs and to provide an effective security net for both you and your family.

Who is eligible?

- Full-time employees who actively work at least 30 hours per week;
- Your legal spouse;
- Your natural born children, current stepchildren, or legally adopted children up to age 26;
- Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

General definitions

Special enrollment rights (other than open enrollment)

There will be an Open Enrollment period each year. During this Open Enrollment period you will have the opportunity to renew coverage or make changes as appropriate. Changes under most plans can only be made during Open Enrollment. This is a requirement of our benefit providers and IRS regulations. However, certain qualifying status changes are allowed during the plan year (see below). If you have a qualifying change of status, the change must be submitted to your local HR/Payroll Representative within 30 days of the event, with supporting documentation. The coverage effective date will be retroactive to the qualifying change of status event date.

A qualifying change of status occurs for the following:

- You get married, legally separated, or divorced;
- You add a dependent child through birth, adoption, or change in custody;

- Your parent/spouse or child dies which affects your coverage;
- Your work schedule permanently changes i.e., permanent reduction of hours;
- You or a dependent enroll in the Exchange during the Exchange Open Enrollment;
- Your parent/spouse begins or terminates employment which affects benefit coverage;
- Your parent/spouse loses health coverage through his/her employer, which affects your coverage;
- You receive a qualified medical child support order (QMCSO);
- Your parent/spouse's Open Enrollment may be considered a qualifying change of status.

Or

You have a 60-day special election period for the following:

- You and/or your spouse and dependents gain or lose Medicaid and/or state CHIP coverage;
- You and/or your spouse and dependents gain or lose eligibility for the state sponsored Utah Premium Partnership Program (UPP).

When does coverage begin for new hires?

Coverage begins on the 1st day of the month after your date of hire. You must be actively at work for your coverage to become effective.

You must complete your online enrollment within 14 days from your date of hire. If the online enrollment and appropriate forms are not completed within the stated deadline, coverage does not become effective, and you may not be eligible to enroll until the next Open Enrollment period or until you have a qualifying change of status event. Refer to the terms, conditions, and limitations defined by the carrier plan documents.

When coverage ends

Medical, dental, and vision terminates on the last day of the month that you are employed with Crumb! Enterprises, LLC. Refer to carrier literature, summary plan descriptions, and master plan documents for specific plan provisions, limitations, and exclusions.

Coverage ends at the earliest time when any of the following changes occur:

- Your employment with Crumb! Enterprises, LLC ends;
- The group policy ends;
- You are no longer eligible under the plan;
- Your death;
- You retire;
- You enter the armed forces of any country on a full-time basis.

Dependent eligibility verification notice

Crumb! Enterprises, LLC reserves the right to audit dependency status. The goal is to ensure that benefits are provided only to those who are eligible. This process may include a complete eligibility verification of all enrolled dependents or verifying relationship and status of new dependents registered during Open Enrollment, new hires and a qualifying change of status. You must only cover eligible dependents when you enroll in the plan offerings. For a detailed definition of an eligible dependent, refer to the **"Who is eligible"** section.



general participation guidelines and notices

Important notice

The benefit summaries contained in this guide are for ease of comparison. This guide provides only a summary of benefits available to eligible employees and their dependents. The information in this guide supersedes all prior guides. However, since this guide is only a summary, it does not describe every detail of the benefit programs outlined. If there are inconsistencies or discrepancies between this guide and the governing plan documents and benefit contracts, the governing plan documents and benefit contracts will control. The governing plan documents and benefit contracts are available for your review in the Human Resources Department.

Refer to the carrier's literature for specific details. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this comparison. Reasonable efforts are made to keep employees apprised of any changes in benefit plans including medical, dental, vision, life and AD&D, voluntary short-term disability (STD), voluntary long-term disability (LTD), long-term disability (LTD), Health Savings Account (HSA), Flexible Spending Accounts (FSA) and Dependent Care Assistance Plan (DCAP).

Crumb Enterprise, LLC may choose to communicate certain plan documents and benefits information electronically to participants. You may obtain copies of these documents, upon written request, from Human Resources.

Summary of benefits coverage

As a result of the Affordable Care Act (the health care reform law) all health insurance issuers are required to provide a Summary of Benefits Coverage (SBC). The SBC has a uniform glossary of terms commonly used in health insurance coverage and also uses a new, standardized plan comparison tool called "coverage examples," similar to the Nutrition Facts label required for packaged foods.

The coverage examples will illustrate sample medical situations and describe how much coverage the plan would provide. The SBC will be posted on the employee website. If you would like a paper copy of this summary, please contact HR.

Waiving coverage

If you and/or your dependents have appropriate benefits from an alternate source, you may choose to waive coverage.

If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other coverage, you may be able to enroll yourself and/or your dependents in this plan in the future, providing that you request enrollment within 30 days after your other coverage ends and can provide supporting documentation.

Medical coverage assistance options

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 healthcare.gov.

If you or dependents are already enrolled in Medicaid or CHIP, 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 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 askebsa.dol.gov or call 1-866-444-EBSA (3272).

Health Insurance Marketplace

healthcare.gov

1 (800) 318-2596



general participation guidelines and notices

ACA notices about eligibility and coverage periods

- Crumbl Enterprises, LLC has adopted a 12 month “initial measurement period” and 12 month stability period for all new part-time, variable hour, and seasonal employees which begins as of the date of employment/start date for each new employee in these categories. The administrative period for such new part-time, variable hour, or seasonal employees who measure full-time in their initial measurement period is approximately 30 days depending on whether you started your job on the 1st of the month or in the middle of the month.
- You are being offered the opportunity to enroll yourself and your dependents (if any) in Crumbl Enterprises, LLC’s health plan because you were either hired as a full-time employee or you have measured as full-time during a given, applicable measurement period.
- If you “waive” or “decline” coverage then you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.
- If you choose to enroll in coverage, the coverage period is 12 months. Federal law and Crumbl Enterprises, LLC’s cafeteria plan provide very limited situations in which you will be allowed to dis-enroll in healthcare coverage during your 12-month coverage period. Therefore, if you change your mind after your coverage begins, you will not be allowed to cancel your coverage unless you meet one of the situations allowed by law or in our plan.

Women’s health and cancer rights act enrollment notice

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

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

These benefits will be provided subject to the same deductibles and coinsurances applicable to other medical and surgical benefits provided under this plan.

Newborns’ and Mothers’ Health Protection Act

The Newborns’ and Mothers’ Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. In general, health insurers and Health Maintenance Organizations (HMOs) may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. If you deliver in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery.

If you deliver somewhere other than the hospital and you are later admitted to the hospital in connection with the childbirth, the period begins at the time of admission.

Also, a health insurer or HMO cannot require you or your attending provider to obtain prior authorization for your delivery or show that the 48-hour (or 96-hour) stay is medically necessary. However, a health insurer or HMO may require you to get prior authorization for any portion of stay after the 48 hours (or 96 hours).

Privacy policy

Summary of privacy practices

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed in the administration of your claims, and of certain rights you have.

Our pledge regarding medical information

The company is committed to protecting your personal health information. As required by law, we:

1. make sure that any medical information that identifies you is kept private;
2. provide you with rights with respect to your medical information;
3. give you a notice of our legal duties and privacy practices; and
4. follow all privacy practices and procedures currently in effect.

How the company may use and disclose medical information about you

Any use and disclosure of your medical information requires your written authorization. Your personal health information may be used and disclosed without your permission to facilitate your medical treatment, for payment of any medical treatments, and for any other health care operation. Your personal health information may be disclosed without your permission as allowed or required by law. You cannot be retaliated against if you refuse to sign an authorization or revoke an authorization you had previously given.



general participation guidelines and notices

Your rights regarding your medical information

You have the right to inspect and copy your medical information, request corrections of your medical information and to obtain an accounting of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communication about your medical information be made in different ways or at different locations.

Michelle's Law

A new federal law allows continued coverage for seriously ill college students. A college student will be able to maintain health care eligibility for up to one year after full-time student status is lost due to medically necessary leave of absence from school.

Genetic Information Nondiscrimination Act (GINA)

Under this federal law, group health plans are prohibited from adjusting premiums or contribution amounts for a group based on genetic information. A health plan is also prohibited from requiring an individual or his/her family member to undergo a genetic test, although the plan may require that a voluntary test be taken for research purposes.

Mandatory insurer reporting law

This law took effect 1/1/2009 and is part of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA). Under this federal law, providers of group health plans are required to report certain information to the Secretary of Health and Human Services to determine Medicare entitlement. As such, employees are required to provide social security numbers for all dependents enrolled in the medical plan. You will be asked to enter social security numbers for all dependents you cover on your medical plan.

Patient Protection and Affordable Care Act (ACA)

Pursuant to the Patient Protection and Affordable Care Act (ACA) and its applicable regulations, Crumbl Enterprises, LLC offers eligible employees affordable, minimum essential health care coverage that meets minimum value. This guide and the enrollment forms are your offer of coverage. If you decline or waive this coverage, you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.

Medicare Part D creditable coverage notice

Important notice from Crumbl Enterprises, LLC about your prescription drug coverage and medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Crumbl 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:

- 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.

- Crumbl Enterprises, LLC has determined that the prescription drug coverage offered by the Crumbl Enterprises, LLC Benefit Plan 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.

These are only summaries. Full statements are available from Human Resources.



The information in this guide has been provided for you by:



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