



TRAEGER[®]

WOOD FIRED GRILLS

**Benefits
Enrollment
Guide**

2024

HQ & Sales





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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 IMA Employee Advocate.





At Traeger Pellet Grills, we believe employees are the foundation of our success.

Traeger 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 or domestic partner;
- 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 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?
- 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)?



Important reminder

In order to enroll in, modify, or waive benefits, you **must** log into UKG. 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).



Are you a new hire?

When you first become eligible for our benefit programs, you must either enroll or waive coverage for Voluntary Life Insurance. If you do not enroll yourself and your dependents for coverage the first time you are eligible, and you wish to enroll during a subsequent enrollment period, you will have to provide proof of good health by filling out an Evidence of Insurability (EOI) form, which may include taking a physical examination, and you may be declined coverage. Future exams will be at your cost.



useful contact information

Medical

Regence BCBS

regence.com

888-367-2119

Health Savings Account

HealthEquity

healthequity.com

866-346-5800

Dental

Guardian

guardiananytime.com

#00543619

800-541-7846

Vision

Guardian

guardiananytime.com

#00543619

800-541-7846

Life Insurance

UNUM

unum.com

866-679-3054

Disability Insurance

UNUM

unum.com

866-679-3054

Flexible Spending Account

BBP Admin

isupport@bbpadmin.com

630-773-2337

Mental Health Benefit

Tava Health

care.tavahealth.com

Legal and Identity Protection

LegalShield

legalshield.com

800-654-7757

Pet Insurance

Nationwide

petinsurance.com/traeger

877-738-7874

Travel Benefit

Donde

support@godonde.com

Retirement Plan

Fidelity

401k.com

800-835-5097

Caliber Wealth Management

David Gardner

dave@caliberwm.com

385-223-8688

Human Resources

hr@traegergrills.com

385-325-1200

IMA

Employee Advocate

traeger@digadvocate.com

801-325-5035

Do you have benefit questions?

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

If the provider cannot resolve your issues, please contact our IMA 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 annual 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 calendar 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 Regence website, listed on page 3 of this benefit guide.














What is Traeger Pellet Grills contributing?

Traeger contribution

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



medical plan options

	REGENCE BCBS TRADITIONAL COPAY PLAN		REGENCE BCBS HIGH DEDUCTIBLE HEALTH PLAN	
	In-Network	Out-of-Network *	In-Network	Out-of-Network *
 Annual Deductible	You pay up to \$1,000 per individual \$3,000 per family	You pay up to \$2,000 per individual \$6,000 per family	You pay up to \$1,600 per individual \$3,200 per family	You pay up to \$3,000 per individual \$6,000 per family
 Accumulator Period	January - December	January - December	January - December	January - December
 Coinsurance	You pay 20% AD	You pay 40% AD	You pay 20% AD	You pay 50% AD
 Out-of-pocket Maximum	No more than \$3,000 per individual \$6,000 per family	No more than \$6,000 per individual \$12,000 per family	No more than \$3,200 per individual \$6,000 per family	No more than \$6,000 per individual \$12,000 per family
 Preventive Services	You pay \$0 according to government guidelines	You pay 40% AD	You pay \$0 according to government guidelines	You pay 50% AD
 Office Visits	Primary Care You pay \$20 copay Specialist You pay \$40 copay	You pay 40% AD You pay 40% AD	You pay 20% AD You pay 20% AD	You pay 50% AD You pay 50% AD
 Mental Health Services	Office Visit You pay \$20 copay Inpatient You pay 20% AD	You pay 40% AD You pay 40% AD	You pay 20% AD You pay 20% AD	You pay 50% AD You pay 50% AD
 Emergency Services	Urgent Care You pay \$40 copay Emergency Room You pay \$200 copay Ambulance You pay 20% AD	You pay 40% AD Covered as In-Network Covered as In-Network	You pay 20% AD You pay 20% AD You pay 20% AD	You pay 50% AD Covered as In-Network Covered as In-Network
 Inpatient & Outpatient	Inpatient Hospital You pay 20% AD Outpatient Surgery You pay 20% AD	You pay 40% AD You pay 40% AD	You pay 20% AD You pay 20% AD	You pay 50% AD You pay 50% AD
 Prescription Medication		Tier 1 / Tier 2 / Tier 3 / Tier 4	Tier 1 / Tier 2 / Tier 3	
	Retail (30-day supply) You pay \$10 / \$35 / \$65 / \$100 Mail Order (90-day supply) You pay up to 2.5x Retail	You pay 40% AD You pay 40% AD	You pay \$10 AD / \$35 AD / \$60 AD You pay up to 2.5x Retail	You pay 50% AD You pay 50% AD
 Health Care Account	Flexible Spending Account (FSA)		Health Savings Account (HSA)	
	Details on page 12			

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.



medical plan networks and rates

Choosing the right network is important.

Aptive provides employees multiple plan options to best fit their needs. When deciding on a plan you have two choices to make:

1. First, choose the best type of plan that works for you and your family. You may choose between a traditional copay plan or a high deductible health plan that is compatible to be used with a Health Savings Account.
2. The second choice that you have to make is which network.

Preferred BlueOption (PBO)

Preferred BlueOption (PBO) and National BlueCard® PPO Network: Includes all Intermountain Healthcare hospitals, facilities and providers throughout Utah, as well as all independent Utah physicians statewide.

FocalPoint Network (Utah employees only)

FocalPoint (FP) and National BlueCard® PPO Network: Includes 28 hospitals across Utah with 11,000+ providers. Anchored by the University of Utah Hospital and Clinics, HCA MountainStar Healthcare and Medical Groups, and the five largest multi-specialty groups, which participate in the Total Care/Total Cost of Care (TCC) quality program.

TRADITIONAL COPAY PLAN - EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$47.95	\$132.22	\$103.47	\$190.11

HIGH DEDUCTIBLE HEALTH PLAN - EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$40.88	\$112.72	\$87.75	\$162.23

TRADITIONAL COPAY PLAN - EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$34.99	\$101.18	\$74.42	\$149.13

HIGH DEDUCTIBLE HEALTH PLAN - EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$32.22	\$88.08	\$65.00	\$130.26

Visit [regence.com](https://www.regence.com) to find a provider.

Locate "Find a doctor" on the top ribbon, then enter the full network name (see above) to see in-network providers near you.

Your premium deduction is based on the plan and the network that you choose. You may change both plan and networks at open enrollment or with a qualifying event.



get all of your health plan information in one place

The Regence mobile app gives you easy and secure access to all your health information.

Just sign in with your existing Regence account or create a new one from the app—then use Touch ID to sign in. That means you won't need a password after setup!

Download the app by visiting the Apple Store or Google Play.



Contact Regence

regence.com | (888) 367-2119



Personalized dashboard

- See your deductibles and out-of-pocket max.
- Find In-network doctors, hospitals and urgent care.
- Contact us—send secure messages to Member Services, tap to call or share feedback on your app experience.

Member ID card

- View your card on the app and it's stored for anytime access—even without an Internet connection.
- Show your digital member ID at the doctor's office for easy check-in.

It goes where you go

- View your claims and detailed Explanation of Benefits statements.
- See your copay, deductible and coinsurance amounts.
- Download your benefits booklet.



talk to a doctor by phone anytime

The doctors at Doctor on Demand are in, 24/7.

Doctor on Demand offers an affordable alternative to costly urgent care and ER visits when you need care, 24 hours a day, 365 days a year.

Talk to a doctor anytime. (\$10 for those enrolled on the copay plan(s), 10% for those enrolled on the HDHP plan.)

Doctors on Demand features US-based, board-certified physicians, and licensed psychiatrists, psychologists, and therapists, that are available on your schedule.

How it works

Doctor on Demand works on any tablet, smartphone, or computer. Appointments can be made on demand or scheduled for a future visit.

Registration is quick and easy

- **Go** to doctorondemand.com or
- **Open** the Doctor on Demand app
- Click **Sign Up** to create your account
- Provide the requested **Basic Info**
- Enter your **Insurance info**

Patient provider ratings

You can choose your Doctor on Demand provider using useful ratings from other patients and provide your own ratings to providers as well. Doctor on Demand providers average a 4.8 star rating.

Continuity of care

Your Doctor on Demand provider will follow-up with you via email, send you in-app follow-up instructions, and even follow-up with you via telephone when necessary. Doctor on Demand will, with your permission, provide your primary care provider with all information and notes from your visit.

Contact Doctor on Demand to register today!

(800) 997-6196

doctorondemand.com/regence-up





wellness program



Regence Empower can help you reach your well-being goals so you can be your best self at work and beyond.

Create your account with Regence for access to all the perks.

Personalized goals

- A quick assessment that customizes your well-being journey with healthy lifestyle recommendations

Well-being on the go

- The most convenient way to engage in activities - anytime, anywhere with the Regence Empower App
- Works with 100+ popular fitness devices and apps to track progress on healthy activities

Programs, activities and rewards

- Self-guided educational programs on stress reduction, nutrition, resiliency and more - completed at your own pace
- More than 40 challenges on various topics
- A library of education materials and personalized care checklists to share with your doctor
- Up to \$100 in gift cards (\$25 for family members on your plan) for completing health related activities includes a Health Assessment, annual wellness exam, cancer screenings, and more!



health care account options

Health care accounts can be used to help offset your out-of-pocket health care expenses, including copays, prescriptions, glasses, and lab work.

The amount Traeger Pellet Grills will contribute to your health care account is based on the family members you cover. Depending on the type of health care account that is paired with your medical plan, you and Traeger may be able to contribute to the account.

	Health Savings Account (HSA)	Flexible Spending Account (FSA)	Limited Purpose Flexible Spending Account (LPFSA)
Which plans is this account available for?	Regence BCBS High Deductible Health Plan	Regence BCBS Traditional Copay Plan	Regence BCBS High Deductible Health Plan
Do I need to be enrolled in a medical plan?	Yes	No	Yes
What would I use this account for?	To save for future health care expenses, but also to pay for eligible health care expenses, including dental, vision and prescription medication, now.	Eligible health care expenses, including dental, vision and prescription medication.	This health care account has to be paired with an HSA, and you can only use it for eligible vision and dental expenses.
What is the maximum amount that Traeger and I combined can put in this account?	\$4,150 Employee-only coverage \$8,300 Family coverage If you'll be at least 55 years old in 2024, you can make an additional \$1,000 catch-up contribution.	\$3,200 is the IRS pretax contribution limit (pending IRS official 2024 limit release)	\$3,200 is the IRS pretax contribution limit (pending IRS official 2024 limit release)
What does the company contribute annually?	Employee (EE) \$800 EE + Spouse \$1,600 EE + Child(ren) \$1,600 Family \$1,600	Traeger does not contribute to this account.	Traeger does not contribute to this account.
Are there investment options?	Yes, if you have more than \$2,000 in your HSA, you can invest it, and any growth is generally tax free.	No	No
When are the funds available?	Traeger's and your contribution amount is available as it comes out of your paycheck each pay period — so your entire contribution amount is not available at the beginning of the year or when coverage starts.	Your entire contribution amount is available at the beginning of the year.	Your entire contribution amount is available at the beginning of the year.
What happens if I don't use the money during the year?	All unused funds will roll over to the next year. You can take HSA funds with you when you leave the company or retire.	You have until March 15, 2025 to incur eligible expenses. Per IRS regulations, you forfeit any money in your account after March 31, 2025. Any unused funds upon termination will be forfeited unless the employee enrolls in COBRA.	You have until March 15, 2025 to incur eligible expenses. Per IRS regulations, you forfeit any money in your account after March 31, 2025. Any unused funds upon termination will be forfeited unless the employee enrolls in COBRA.



dependent care flexible spending account



A Dependent Care Flexible Spending account can be used to help offset your out-of-pocket child care expenses.

This account allows you to pay child or dependent care on a pre-tax basis and can save you 10% - 30%, depending on your personal tax rate.

This account is administered by BBP visit betterbusinessplanning.wealthcareportal.com for information on claims and reimbursements.

Dependent Care Flexible Spending Account

What would I use this account for?	Eligible dependent care expenses, including adult day care centers, babysitters or nannies, summer day camps, before & after school programs, and child day care.
Who is eligible for this account?	In order to be eligible for this account, you must meet one of the qualifying criteria: <ul style="list-style-type: none"> • You and your spouse both work • You are a single head of household • Your spouse is disabled or a full-time student • Employees with children under age 13 and anyone who is a dependent under IRS rules, or who is mentally or physically incapable of taking care of himself or herself • Employees scheduled to work less than 30 hours per week are not eligible.
What is the maximum amount that I can put in this account?	\$5,000 If you are single \$5,000 If you are married & filing jointly \$2,500 If you are married & filing separate tax returns
What does the company contribute?	Traeger does not contribute to this account.
When are the funds available?	Your contribution amount is available as it comes out of your paycheck each pay period — not at the beginning of the year.
How do I use the funds?	You can use this account to reimburse yourself for eligible dependent care expenses for children under age 13 or anyone who is a dependent under IRS rules.
What happens if I don't use the money during the year?	Any unused funds at the end of the plan year are forfeited per IRS regulations.



online mental health benefit

Get back to feeling like you!

Your psychological well-being can affect your physical health, relationships, and work performance.

Tava's network of vetted therapists helps you step out of the fog and get back to a happier, more fulfilled you. Tava Health is a confidential mental health benefit that allows you to connect with licensed therapists.



Schedule your appointment today at

care.tavahealth.com



Get started with your free online mental health benefit

Tava Health is available to all full- and part-time employees and their dependents (including children ages 13-25). The benefit provides 12, 1-hour, free therapy sessions per year with licensed therapists through Tava's secure, web-based technology platform. All you need for a live, video-based session is reliable internet access and a connected device with a camera (smartphone, computer, or tablet).

Free to use

No claims, no copays, no deductibles. The costs associated with care for you and your family are covered.

Confidential

Tava doesn't tell Traeger Grills who used the service. Your identity and anything you discuss is confidential.

Convenient

Self-scheduled online video therapy means you get help when you need it — whenever it works for you. Tava therapists are available during the day, evening, and even weekends.

Whether you're feeling stressed, stuck, or burdened with something else,

Tava can help. Support is available for a range of issues such as:

- Addiction
- Anxiety
- Depression
- Eating disorders
- Family issues
- Grief and loss
- LGBTQ+ issues
- Life changes
- Postpartum issues
- PTSD
- Relationship issues
- Stress
- Trauma
- Work pressure
- and more...



dental plan options

Guardian is the carrier for our dental plan.

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

Out-of-network coverage

A dentist who is “out-of-network” means the provider hasn’t agreed to negotiated rates. The plan pays benefits based on the in-network negotiated fee for a particular service. If the out-of-network provider charges more, you’ll be responsible for paying the amount that exceeds the in-network negotiated fee plus the applicable coinsurance and deductible.



Annual Deductible
January - December

\$50 per individual
\$150 per family

\$50 per individual
\$150 per family



Annual Maximum
January - December

\$1,500 per individual

\$1,500 per individual



Preventive Services
Cleanings, routine exams, fluoride, sealants, and x-rays

Plan pays **100%** of covered services,
No deductible

Plan pays **100%** of **fee**
No deductible



Basic Services
Fillings, and periodontics

Plan pays **100%** of covered services, AD

Plan pays **100%** of **fee**, AD



Major Services
Crowns, extractions, bridges, implants, dentures, inlays, onlays, veneers, and endodontics

You pay **40%** AD

You pay **40%** of **fee**, AD



Orthodontic Services
Children and adults

Covers up to **50%** AD

Covers up to **50%** of **fee**, AD



Orthodontic Lifetime Maximum

\$1,500 per individual

\$1,500 per individual

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.

GUARDIAN PPO NETWORK

	In-Network	Out-of-Network *
Annual Deductible January - December	\$50 per individual \$150 per family	\$50 per individual \$150 per family
Annual Maximum January - December	\$1,500 per individual	\$1,500 per individual
Preventive Services Cleanings, routine exams, fluoride, sealants, and x-rays	Plan pays 100% of covered services, No deductible	Plan pays 100% of fee No deductible
Basic Services Fillings, and periodontics	Plan pays 100% of covered services, AD	Plan pays 100% of fee , AD
Major Services Crowns, extractions, bridges, implants, dentures, inlays, onlays, veneers, and endodontics	You pay 40% AD	You pay 40% of fee , AD
Orthodontic Services Children and adults	Covers up to 50% AD	Covers up to 50% of fee , AD
Orthodontic Lifetime Maximum	\$1,500 per individual	\$1,500 per individual

EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$2.84	\$5.32	\$6.07	\$8.53



vision plan options



Guardian is our vision carrier.

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

Please refer to the Summary Plan Document for full plan description. Additional discounts are available for lens enhancements as well as additional savings on glasses and sunglasses. At times promotional offers may also be available. Discounts are also available for laser vision correction such as Lasik or PRK. Offers are only available at Guardian participating locations/providers.



Routine Vision Exams

\$10 copay

Frequency



Exams

Once per calendar year

Contact Lenses

Once per calendar year

Frames

Once every other calendar year

Lenses

Once per calendar year

Eyeglasses

Single Vision Lenses ¹

Plan pays **100%** of covered services

Plan reimburses up to **\$23**



Lined Bifocal Lenses ¹

Plan pays **100%** of covered services

Plan reimburses up to **\$37**

Lined Trifocal Lenses ¹

Plan pays **100%** of covered services

Plan reimburses up to **\$49**

Frame Allowance

Plan provides a **\$150** allowance ²

Plan reimburses up to **\$46**

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 ³

Plan provides a **\$100** allowance

EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$0.43	\$0.87	\$0.73	\$1.21

¹ Limited to standard, uncoated plastic lenses. \$25 copay applies to all materials.

² A 20% discount is applied to frames over the \$150 allowance

³ A 15% discount is applied to conventional contacts over the \$150 allowance



life insurance options



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

Some coverage is provided automatically to you at no cost. Other supplemental coverage is available to purchase based on your needs.



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

Traeger Pellet Grills provides each employee with \$50,000 of Life and AD&D insurance as part of your core benefits. This coverage is completely free to employees — Traeger pays the premiums. Additionally, you have the option to convert your coverage if you retire, lose eligibility or terminate your employment with Traeger. This benefit is provided through UNUM.



Voluntary Life and AD&D Insurance

Traeger offers Voluntary Life and AD&D for you and your dependents, which can be purchased through UNUM. This option gives you the advantage of purchasing life insurance and AD&D at affordable group rates. It is not a pre-tax benefit option. Premiums are paid with after-tax dollars through an automatic payroll deduction from your paycheck. These coverages are completely voluntary. You may purchase additional coverage in increments of \$10,000, not to exceed \$500,000 or 5x your annual salary. \$150,000 is available without proof of good health for new hires. Benefits reduce beginning at age 65.



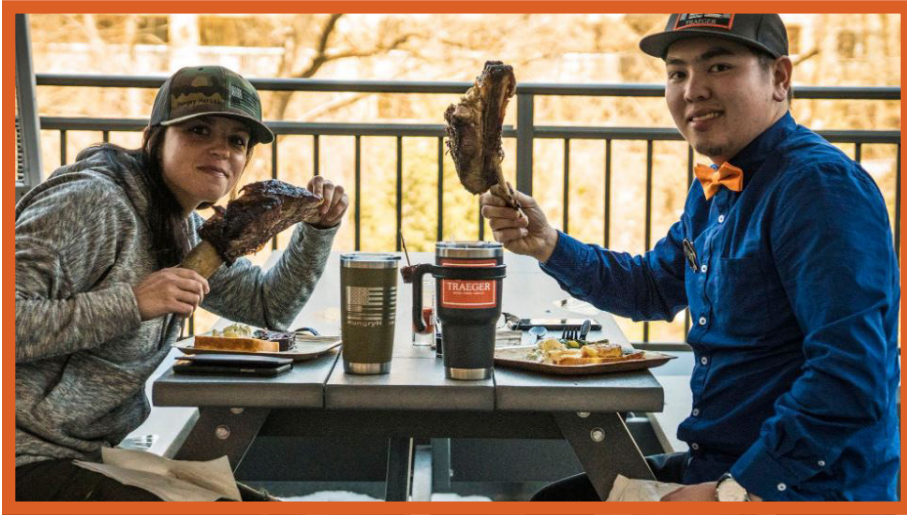
Voluntary Dependent Life Insurance

You may purchase spouse coverage in increments of \$5,000, not to exceed 50% of the employee elected amount, or \$250,000. \$50,000 is available without proof of good health for new hires. Benefits reduce beginning at age 65.

Children's insurance coverage is for unmarried dependent children from 6 months to age 26, subject to eligibility requirements. You may purchase up to \$10,000 of children's coverage, in \$2,000 increments. 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.

These benefits are provided through UNUM and Traeger pays all of the premium.



Short-term Disability (STD) Insurance

Benefits Begin: There is a waiting period before benefits are payable. Benefits begin on the 8th 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 12 weeks.

Maximum Weekly Benefit: \$2,000



Long-term Disability (LTD) Insurance

Benefits Begin: There is a waiting period (elimination period) before benefits are payable. Benefits begin on the 91st 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: \$15,000

Pre-existing Conditions: If a disability begins within the first 12 months of your effective date and you received medical treatment or consultation for that condition within 3 months prior to your effective date of coverage, benefits will not be paid.



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





additional protections for you and your family

Affordable legal access for all and comprehensive privacy protection.



LegalShield

LegalShield gives you the ability to talk to an attorney on any personal legal matter without worrying about high hourly costs. With the protection of LegalShield, you can live your life worry free.

- Legal Advice on personal legal issues
- Letters/calls made on your behalf
- Contracts and documents reviewed (up to 15 pages)
- Residential Loan Document Assistance
- Attorneys prepare your will, your living will and your health care Power of Attorney
- Moving Traffic Violations (available 15 days after enrollment)
- Trial Defense including pre-trial and trial
- Uncontested divorce, separation, adoption and/or name change representation (available 90 days after enrollment)
- IRS Audit Assistance
- 25% preferred Member Discount (Bankruptcy, Criminal Charges, other matters, etc.)
- 24/7 Emergency Access for covered situations



ID Shield

IDShield offers protection beyond identity theft with complete privacy and reputation management services to help keep your online identity and personal information private.

- Consultation on best practices for identity management
- Monitoring of your identity from every angle, not just Social Security number, credit cards and bank accounts
- Online dashboard monitoring, updating daily, let's you see right away if there are changes to your profile
- If any change in your status occurs, you receive an email update. If a consumer spots suspicious or fraudulent activity, they can contact a private investigator immediately and begin restoring their identity to its pre-theft status
- Our IDShield app keeps you connected. Download it and have an identity-theft expert at your fingertips

LegalShield ONLY Per Pay Period

Employee Only

\$7.82

Family

\$8.75

LegalShield AND IDShield Per Pay Period

Employee Only

\$11.95

Family

\$15.65

IDShield ONLY Per Pay Period

Employee Only

\$4.13

Family

\$8.75



protection for your furry family members

Nationwide Pet offers several plans to best fit you and your pet's needs.

Designed for pet parents who seek only the best products for their pets —Nationwide Pet offers the best pet insurance plan ever made. **It's truly nose-to-tail coverage—and it's only from Nationwide®.** In order to enroll please call 877-738-7874 or visit petinsurance.com/traegergrills



Dog & Cat Plans

Major Medical Comprehensive plan: dogs and cats must be between 8 weeks and 9 years old for new enrollment. New illnesses only. Does not include conditions pre-existing to enrollment. Premiums vary based on the age of the pet, species, size (as an adult), plan type, deductible and state of residence.

Wellness Plus

- No deductible
- Instant approval
- Covers wellness exams, shots, tests and more
- Freedom to use any vet, anywhere
- Maximum annual benefit of \$500

Starting at \$21 / month

Major Medical Plan Comprehensive

- \$250 annual deductible
- Covers accidents, illnesses, procedures, X-rays and more
- Chronic condition coverage included
- Freedom to use any vet, anywhere
- Benefits renew in full each year
- Limited hereditary coverage after the first year

Starting at \$29 / month

Major Medical Plan Comprehensive + Wellness Plus

- All benefits from the Wellness Plus plan and the Major Medical Plan Comprehensive combined
- Most popular plan

Starting at \$47 / month



Avian and Exotic Animal Plans

For Avian and Exotic Pet Plan coverage: Birds need to be 3 months old and have been in the owner's possession for a minimum of 60 days prior to enrollment. Rabbits, guinea pigs, snakes and other common exotic pets must be at least 6 weeks of age.

Group 1

- Amphibians
- Chameleons
- Geckos
- Gerbils
- Guinea pigs
- Hamsters
- Hedgehogs
- Lizards
- Rats/Mice
- Small Birds <50g

Starting at \$6.65 / month

Group 2

- Chinchillas
- Ferrets
- Iguanas
- Opossums
- Rabbits
- Snakes (not XL)
- Sugar gliders
- Tortoises
- Turtles
- Medium birds (950-300g)

Starting at \$9.50 / month

Group 3

- Large Birds

Starting at \$12.35 / month

Group 4

- Goats
- Potbellied pigs
- Snakes (extra-large, e.g. Boa Constrictor, Python, Anaconda)
- Extra-large birds >10kg

Starting at \$15.68 / month



retirement plan

A 401(k) is a savings and investing plan that gives you a tax break on money you set aside for retirement.

Contributing to a 401(k) plan may be one of the most important things you can do to prepare for your long-term financial needs. Being on track to meet your financial goals will provide you and your loved ones peace of mind. A 401(k) plan allows you to contribute a portion of your compensation per pay period in order to prepare for retirement. If you are already contributing to the 401(k) plan, now may be a good time to increase your contributions.

What is a 401(k) plan?

401(k) refers to a section of the IRS Code that allows you to save part of your compensation on a **Traditional PRE-TAX Basis**. This lowers your current taxable income and helps your long-term saving grow faster. You may also choose to save part of your compensation on an **AFTER-TAX Roth Basis**. Roth contributions are taxed before they are contributed to the Plan. This allows tax-free growth and distribution contributions and the earnings on those contributions (assuming the contributions have been invested for at least 5 years and you have reached age 59 1/2).

401 (K)

Traeger offers a 401(K) plan through Fidelity. You are eligible to participate in this plan as of the first of the month following 90 days of employment.

Traeger will match your 401(K) contribution 100% for the first 4% you personally contribute. For example, if an employee contributes 2%, Traeger will match that contribution by adding 2% to your 401(K). If an employee contributed 4%, Traeger will contribute 4%.

Fidelity investments is the record keeper for your plan and will be the website that you log into in order to manage your account. Please visit **www.401k.com to enroll and log in**. For questions, call 800-835-5097.

Caliber Wealth Management

To help us with our 401(K), we are excited to be using Caliber Wealth Management as the Financial Advisor to Traeger's retirement plan. They are available to answer any questions promptly and accurately. We encourage you to use their team and services as a resource. For questions call: 385-223-8688.

Service items include:

- Understanding your 401(K) plan and its benefits to you.
- Assisting in the enrollment process.
- Selecting custom investment options & designing a personal financial plan.
- Helping with rollovers from old 401(K) and IRA's
- Calculating how much you should contribute.
- Knowing whether to use the Roth or Traditional Pre-Tax contributions.

Contact Fidelity

401k.com | 800-835-5097





additional traeger nation perks

Cell Phone Reimbursement

Qualified employees may receive a monthly cell phone reimbursement.

Expert Voice

Get insider access to the latest product information and discounted prices on your favorite products.

- Go to www.expertvoice.com
- In the Sign Up box enter your email and name (The Group Code is NOT needed)
- Build your profile
- When the Add an affiliation page comes up, enter Traeger Grills Employees.
- Follow the prompts to complete your registration.
- Verify your email address
- Explore!

Tuition Reimbursement

We are committed to the development of our employees, and know how important it is to invest in the education of our employees. After 1 year of employment you are eligible to participate in our tuition reimbursement benefit. Traeger will reimburse up to 50% of tuition cost up to a maximum of \$5,000 per year, for qualifying programs, courses and certifications. For detailed information, please contact Kortni Hobson, khobson@traegergrills.com.

Employee Purchase Program

Following 30 days of employment, employees are eligible for the Employee Discount Program. Codes will be sent to you from codes@traegergrills.com. Employees are obligated to adhere to the Company policies regarding employee discounts as part of your commitment to protecting the Traeger brand. If you have any questions about the program or your responsibilities, reach out to codes@traegergrills.com.

Previ

Traeger employees receive exclusive access to superior pricing through a \$99 annual Previ Membership. With Previ, you have access to unlimited premium data, talk & text. With prices as low as \$20 / line for T-Mobile & \$25 / line for AT&T (before taxes and fees), use code **TRAGBC5** to get started at previ.com today!

- No Contract
- First month free on all lines
- All activation fees waived
- Bring your device and phone number
- Roll over current device financing to Previ
- Add up to 10 lines on 1 account



Enroll Today!



paid time off

Donde - Paid Time Away:

We want you to take time off and to use it well. Traeger is now offering travel as a benefit through Dónde, so paid-time-off just became paid-time-away. We're matching your contributions into the Dónde platform 100% up to \$50 per month to help you take and enjoy your PTO. In Donde, you can save for, plan, and book your vacations. You also have access to a travel designer who can help with all your planning and booking.

To sign up:

Our HR team will add you to the Donde platform as part of employee onboarding. You will receive a welcome email in your work inbox from Donde. In that email, take a look at their step-by-step guide and when you're ready, hit the "Get Started" button. You will need to create a password, and from there, become verified by their bank partner to receive a Donde wallet and enter the app.

Vacation Policy

Traeger has an open paid-time-off (PTO) policy for all salary full time employees. This means that employees do not have a set number of vacation days available, nor do employees accrue vacation days the longer they work. Instead, employees are expected to perform their duties, manage their work and time effectively. This allows employees flexibility to take time off needed and as agreed to by your supervisor. This program is designed to provide flexibility to the employee in balancing work and life outside of work. See the "Open Paid-Time-Off Policy" for all details around this program.

All full-time hourly employees are eligible to accrue PTO. Employees working 30 hours plus per week are considered full-time. Employees working 29 hours or less per week are considered part-time. Part-time, on-call and temporary employees are not eligible to accrue PTO.

Years of Service	Hours per Payroll	Annual Hours
0 - 2 years	3.08	80
3 - 5 years	4.62	120
6+ years	6.15	160

Holiday Schedule

- New Year's Day (January 1)
- Martin Luther King Day (January 15)
- President's Day (February 19)
- Memorial Day (May 27)
- Juneteenth (June 19)
- Independence Day (July 4)
- Pioneer day (July 24)
- Labor Day (September 2)
- Thanksgiving Day (November 28 and 29)
- Christmas (December 25) +1 Day



family support benefits

Maternity Leave

We recognize how important it is to take time to focus on yourself and your family after welcoming a new baby. Full-time, salaried and hourly Employees are eligible for **12 weeks** of fully paid Maternity leave through a combination of Short Term Disability and Traeger Payroll. For more information on maternity leave and resources to help you be successful in transitioning to leave or returning to work, reach out to Kortni Hobson (khobson@traegergrills.com) or any member of the HR team.

Traeger recognizes eligible employees rights and responsibilities under the Family and Medical Leave Act, applicable state and local family leave laws, and the Americans with Disabilities Act.

Common conversations around maternity...

- When it comes to your UNUM short term disability coverage, maternity related disabilities are treated as any other illness; and because Traeger pays for this benefit in full on your behalf, there are no pre-existing conditions limitations. You will receive 60% of your predisability earnings from UNUM for six weeks. Traeger will pay the additional 40% during that time and then 100% for the remaining weeks. Depending on which state you live in, some states also have laws that are designated to allow extended leaves of absence while guaranteeing continuing employment with the company. Traeger will work with you and all benefits you are eligible for to keep you whole for those 12 weeks.
- In some instances, a person can perform their occupation right up to the time of hospital confinement while others may have problems that disable them before that date. Based on your condition, you may be allowed time off prior to the expected delivery date.
- If medical complications arise which prevent you from working as scheduled, documentation by your physician outlining specific restrictions and limitations must be submitted to the UNUM leave management team. At this point, your claim will be reviewed.
- Disability benefits are available for the time loss due to your inability to perform your job, not for complications or custodial care that may arise with a newborn child. If this situation applies to you, reach out to any member of the HR team to discuss.

Parental Leave

Every parent should have the opportunity to take time to bond with a new baby. Traeger will pay up to **1 week** (5 days) of parental leave for regular full-time salaried employees.

Are you bringing home a new child?

Congratulations! First, don't forget to add the child to your insurance. You don't have to wait for a social security number either! Second, big life changes can be hard! Don't forget about your **Tava** benefit to help you along the way.





your employee advocate is here for you



IMA 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

traeger@digadvocate.com

or schedule a call by using this link:

<https://calendly.com/d/cfj-433-5zz/traeger-employee-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

Traeger Pellet Grills 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 or domestic partner;
- 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 Traeger. 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 Traeger 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

Traeger 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 life, short-term disability (STD), long-term disability (LTD), Health Savings Account (HSA), and Flexible Spending Accounts (FSA).

Traeger 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.

Medicaid and CHIP Information

medicaid.gov
1 (866) 435-7414

Children's medical coverage assistance

medicaid.gov
1 (877) KIDS-NOW

Low-income family medical coverage assistance

medicaid.gov
1 (877) 711-3662

Health Insurance Marketplace

healthcare.gov
1 (800) 318-2596



general participation guidelines and notices

ACA notices about eligibility and coverage periods

- Traeger 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 Traeger’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 Traeger’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, Traeger 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 Traeger Pellet Grills 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 Traeger 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.

- Traeger has determined that the prescription drug coverage offered by the Traeger 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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