



**Benefits
Enrollment
Guide**

2025

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 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 2025, 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

Select Health
selecthealth.com (800) 538-5038

Medical

Aetna
aetna.com (855) 586-6958

Reimbursement Account

Garner
<https://garnerguide.com/traeger-pellet-grills> (866) 761-9586
conciierge@getgarner.com

Mental Health Benefit

Tava Health
care.tavahealth.com (800) 654-7757

Health Savings Account

HealthEquity
healthequity.com (866) 346-5800

Dental

Guardian Group
#00543619
guardiananytime.com (800) 541-7846

Vision

Guardian Group
#00543619
guardiananytime.com (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

Pet Insurance

Nationwide
petinsurance.com/traeger (877) 738-7874

Retirement Plan

Fidelity
401k.com (800) 835-5097

CaliberWealth Management

David Gardner
dave@caliberwm.com (385) 223-8688

Human Resources

hr@traegergrills.com (385) 325-1200

IMA

Employee Advocate
traeger@imaadvocate.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 Garner 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

TRADITIONAL COPAY PLAN

In-Network*

HIGH DEDUCTIBLE HEALTH PLAN

In-Network*



Garner Reimbursement

If you use a Garner approved provider you are eligible to receive reimbursement of in-network out-of-pocket costs up to **\$5,000 per employee, or \$10,000 per family**

After paying **\$1,650 per employee or \$3,300 per family**, if you use a Garner approved provider, you are eligible to receive reimbursement of in-network out-of-pocket costs up to **\$5,000 per employee or \$10,000 per family**.



Annual Deductible
January - December

You pay
up to **\$5,000** per individual
\$5,000 per member / **\$10,000** per family

You pay
up to **\$5,000** per individual
\$5,000 per member / **\$10,000** per family



Coinsurance

You pay **20% AD**

You pay **20% AD**



Out-of-pocket Maximum
January - December

You pay no more than **\$7,500** per individual or
\$7,500 per member / **\$15,000** per family

You pay no more than **\$7,500** per individual or
\$7,500 per member / **\$15,000** per family



Preventive Services

Covered **100%**
(per IRS guidelines)

Covered **100%**
(per IRS guidelines)



Office Visits
Primary Care
Specialist

You pay **\$20** copay
You pay **\$40** copay

You pay **20% AD**
You pay **20% AD**



Mental Health Services
Office Visit
Inpatient

You pay **\$20**
You pay **20% AD**

You pay **20% AD**
You pay **20% AD**



Emergency Services
Urgent Care
Emergency Room

You pay **\$40**
You pay **\$200 + 20% AD**

You pay **20% AD**
You pay **20% AD**



Inpatient & Outpatient
Inpatient Hospital
Outpatient Surgery

You pay **20% AD**
You pay **20% AD**

You pay **20% AD**
You pay **20% AD**



Prescription Medication
Retail (30-day supply)

Tier 1 / Tier 2 / Tier 3 / Tier 4
You pay
\$15 / \$35 / \$65 / \$100

Tier 1 / Tier 2 / Tier 3 / Tier 4
You pay
\$10 AD / \$35 AD / \$60 AD / \$100 AD

EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$55.11	\$147.24	\$117.97	\$203.39

EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$48.48	\$130.52	\$103.50	\$181.16

AD: After Deductible

*The costs shown are for in-network services only. Your plan still includes out-of-network cost sharing. For more details, please refer to your carrier's benefit summary. Keep in mind that out-of-network providers may charge more than what your plan covers. It is recommended to inquire about the provider's billed charges before receiving care. This information is designed to help you choose a benefit plan for 2025 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.



network options

For Employees that live in UTAH, you must choose between Select Health or Aetna.

All employee outside of Utah, will be enrolled with Aetna.

Choosing the right network is important.

Traeger Pellet Grills provides employees multiple medical plan options to best fit their needs. After deciding on a plan, the next choice that you have to make is which network, Select Health or Aetna.

Select Health Value/Med Network:

- 42 hospitals and over 800 clinics/facilities
- 12,000+ Physicians and other providers
- All IHC facilities, Primary Children's Hospital, Huntsman Cancer Hospital, and Moran Eye Center.

Aetna Choice POSII Network

- 41 Utah Hospitals
- 9,700 Physicians and other providers statewide
- HCA/MountainStar, Intermountain Primary Children's Hospital, all rural IHC facilities, and all University of Utah facilities.

Facility	Value/Med	Choice POSII
Alta View Hospital	X	
American Fork Hospital	X	
Ashley Valley Hospital	X	X
Bear River Valley Hospital	X	X
Beaver Valley Hospital	X	X
Blue Mountain Hospital	X	X
Brigham City Hospital		X
Cache Valley Hospital		X
Castleview Hospital	X	X
Cedar City Hospital	X	X
Central Valley Hospital	X	X
Delta Community Hospital	X	X
Fillmore Community Hospital	X	X
Garfield Memorial Hospital	X	X
Gunnison Valley Hospital	X	X
Heber Valley Medical Center	X	X
Holy Cross Hospital - Davis	X	X
Holy Cross Hospital - Jordan Valley		X
Holy Cross Hospital - Jordan Valley West		X
Holy Cross Hospital - Mountain Point		X
Holy Cross Hospital - Salt Lake		X
Huntsman Cancer Hospital	X	X
Intermountain Medical Center	X	
Kane County Hospital	X	X
Lakeview Hospital		X
Layton Hospital	X	
LDS Hospital	X	
Logan Regional Hospital	X	X
Lone Peak Hospital		X

Facility	Value/Med	Choice POSII
McKay Dee Hospital	X	
Milford Memorial Hospital	X	X
Moab Regional Hospital	X	X
Moran Eye Center	X	X
Mountain View Hospital		X
Mountain West Medical Center	X	X
Ogden Regional Medical Center		X
Orem Community Hospital	X	
Park City Hospital	X	X
Primary Children's Hospital	X	X
Riverton Children's Unit		X
Riverton Hospital	X	
San Juan County Hospital	X	X
Sanpete Valley Hospital	X	X
Sevier Valley Hospital	X	X
Spanish Fork	X	
St. George Regional Hospital	X	X
St. Mark's Hospital		X
The Orthopedic Specialty Hospital (TOSH)	X	
Timpanogos Regional Hospital		X
Uintah Basin Hospital	X	X
University of Utah Hospital		X
University of Utah Ortho Center		X
Utah Valley Hospital	X	



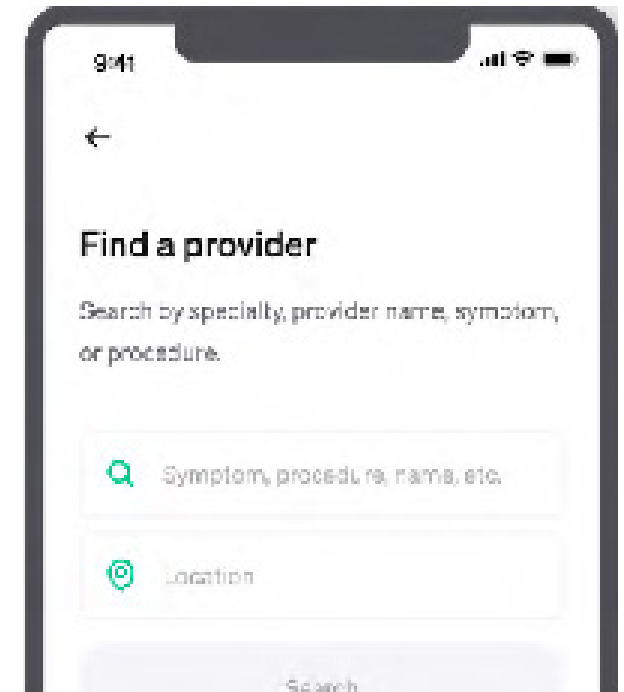
garner health reimbursement account

Garner helps you find the best doctors and reimburses you for qualifying out-of-pocket medical costs up to \$5,000 per employee and \$10,000 per family.

- Garner has the largest medical claims database in the United States and is able to objectively determine Top Doctors who practice medicine on the latest medical research, successfully diagnose problems, get the highest patient satisfaction ratings, and produce the best patient outcomes.
- Costs from doctors with a Top Provider badge qualify for reimbursement as long as the service is in-network and covered by your health insurance plan.
- After you find a Top Provider on the Garner Health app or website, they are automatically added to your list of approved providers as soon as they are visible on your screen.
- Out-of-pocket medical costs from approved providers qualify for reimbursement after the date they are added. This includes copays, office visits, medical tests and even major surgeries for you and family members on your health insurance plan.

How Garner works:

- Create your Garner account using the QR code or go to garner.guide/create.
- Search Garner for a Top Provider by symptom, procedure or doctor name.
- Pay any upfront costs for copays as you normally would.
- Your approved provider will submit the costs for your visit to your medical carrier.
- Garner will automatically receive your claim information from your medical carrier. Your reimbursement check will be mailed in approximately 6-8 weeks after you receive care (or receive the ACH deposit sooner).



Create your account. Then find the best doctors and get reimbursed for out-of-pocket medical costs.

Create account



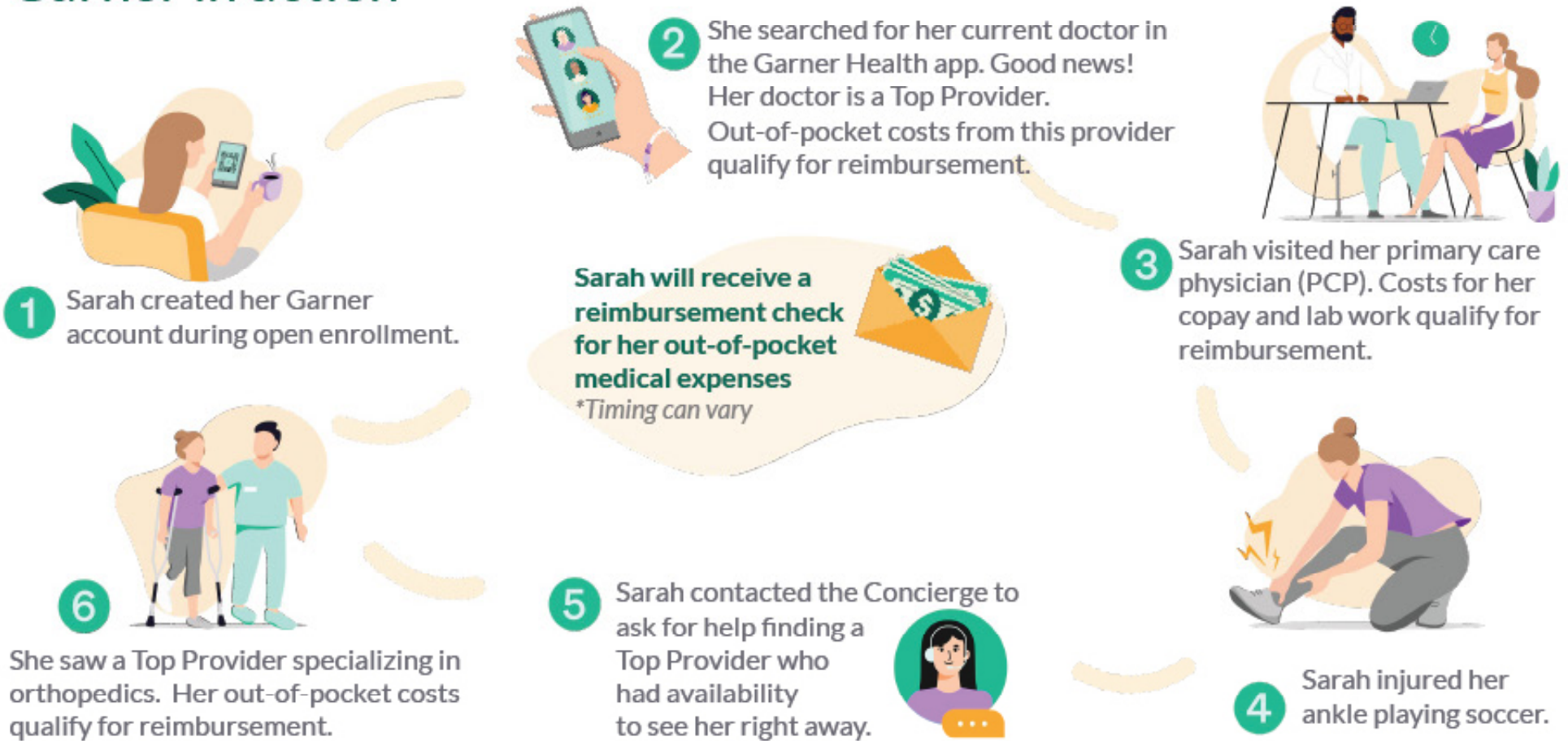
Go to garner.guide/create

Contact Garner

Email: concierge@getgarner.com | Visit: <https://garnerguide.com/traeger-pellet-grills> | Call: (866) 761-9586



Garner in action





two options for pharmacy savings

IMA Pharmacy Advocates provides a unique opportunity to help employees save money on name-brand and specialty medications.

If you are prescribed a medication that costs more than \$1,000 per month/script, you may be eligible to have this alternatively outsourced. Simply call IMA Pharmacy Advocates at 866-530-9989, and a Prescription Advocate will walk you through the enrollment process.

Some of the advantages of joining the IMA Pharmacy Advocates program are:

- + Employees and dependents pay \$0 copay for name-brand maintenance medications.
- + Prescription are shipped directly to your home with no shipping or handling costs.
- + No out-of-pocket expenses.
- + IMA Pharmacy Advocates saves the health plan money, which translates into lower premiums.

Prescription savings with Scripius

Its easy to view your family's prescription history, or find out how much a drug will cost. In order to access your member account benefits, you'll need to create an account by using the member login button at scripius.com.

Prescription Drugs

Your coverage is divided into tiers. Drugs are covered under a tier that corresponds to a copay or coinsurance amount (AD for HDHPs)- this is the amount you pay. Drugs on lower tiers may provide the treatment you need at the best value.

- Tier 1: Lowest cost (generic drugs)
- Tier 2: Higher cost (preferred name-brand drugs)
- Tier 3: Highest cost (non-preferred brand name drugs)
- Tier 4: Specialty brand drugs

Prescription Drug List (PDL)

Your prescription drug list is RxSelect®. This is the list of prescription drugs covered by your plan.

Special Requirements

Some drugs require step therapy or preauthorization before they will be covered.

- Step Therapy: If your drug requires step therapy, your doctor must first prescribe an alternative drug. These are generally more cost effective and do not compromise clinical quality. Step therapy may be waived for medical necessity.
- Preauthorization: This means that your prescriber needs to obtain approval from Scripius before the plan will cover the costs of the specific medication.
- Nonformulary medications: If you need to take a medication that is not on your formulary, your doctor can fax a request form stating why the drug is medically necessary for you.

Online Tools

Log into your member account to access these tools:

- Search tool: See what drugs are covered under your prescription drug list and get an estimated cost of the prescription to compare with alternative options.
- View Claims: When you fill a prescription, the drug name, date filled, and cost will be listed here.
- Find a pharmacy: Search for a participating pharmacy by location.
- Rx savings solution: Provides insight and guidance that drive savings and improve health outcomes.



simplify your wallet with the select health mobile app

If you live in Utah and elect Select Health as your carrier.

Intermountain Connect Care Convenient, high-quality care—whenever and wherever you need it.

A skilled clinician is just a swipe or click away. With Intermountain Connect Care®, SelectHealth® members can use their smartphone, tablet, or computer to get basic healthcare. Just log in and speak face-to-face with an Intermountain caregiver through on-demand video.

Additionally, you save money on taxes and are given more flexibility and control over your health care costs.

Mobile App

With a smartphone or tablet, you can get access through the Connect Care mobile app. Use the app and start your visit in minutes.

Web

If you'd rather use a larger screen, you can access Connect Care using a video-capable computer at your home or office.

Your Visit

Most visits take less than ten minutes. Your clinician will review your history, answer questions, diagnose, treat, and even prescribe medication.

Coverage

Benefits may vary by plan. For details, call member services.

My Health Online tools

Whether you need to see how much a doctor billed, look up prescription costs, or learn more about your benefits, My Health is your source for personal plan information and is available 24/7 through the mobile app or at selecthealth.org. After you log in, just click the "Select Health" icon to get started.

Coverage and Claims

View your plan information, claim details, Explanations of Benefits (EOBs), and sign up for paperless EOBs.

Pharmacy Tools

Access your pharmacy benefit information, claims, prescription history, and lower-cost drug alternative information.

ID Cards

View and print copies of your card on My Health.

Send Secure Messages

Send secure messages to member services or your doctor. This is a confidential and convenient way to get your questions answered.

Access Medical Records

Integration with Intermountain Healthcare® gives you access to your medical records through MyHealth. You can view lab results, medications, and imaging reports, track your doctors' appointments and email questions to providers.

DOWNLOAD ON THE APP STORE



GET IT ON GOOGLE PLAY



DOWNLOAD ON THE APP STORE



GET IT ON GOOGLE PLAY



Contact Connect Care®

intermountainconnectcare.org | (800) 538-5038



Contact Select Health Member Services

selecthealth.org/myhealth | (800) 538-5038



get on-the-go access with the aetna mobile app

If you elect Aetna as your carrier.



Health management at your fingertips.

Take charge of your health, and your plan, with Aetna's free mobile app. Find doctors and coverage details, reach health goals, pay claims, and more. It's simple and secure.

Download the app by visiting the:

Apple Store or Google Play Store



Take charge of your health plan

With the **Aetna Health**SM app, you can access easy-to-navigate information, connect to care, manage claims and more — so you can make the most of your benefits and take control of your health.

Manage your benefits right from your phone

Discover a smarter, simpler way to take charge of your health plan and benefits. With the **Aetna Health**SM app, you can:

- + Pull up your ID card whenever you need it
- + See benefits and coverage details specific to your plan
- + Track spending and progress toward meeting your deductible
- + View, filter and pay claims for your whole family
- + Find in-network providers near you and search by location or specialty
- + Compare cost estimates for doctor visits and procedures
- + Receive personalized recommendations to help improve your health

Contact Aetna

[aetna.com](https://www.aetna.com) | (855) 586-6958





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?	High Deductible Health Plan	Traditional Copay Plan	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?	\$4,300 Employee-only coverage \$8,550 Family coverage If you'll be at least 55 years old in 2025, you can make an additional \$1,000 catch-up contribution.	\$3,300 is the IRS pretax contribution limit	\$3,300 is the IRS pretax contribution limit
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, 2026 to incur eligible expenses. Per IRS regulations, you forfeit any money in your account after March 31, 2026. Any unused funds upon termination will be forfeited unless the employee enrolls in COBRA.	You have until March 15, 2026 to incur eligible expenses. Per IRS regulations, you forfeit any money in your account after March 31, 2026. Any unused funds upon termination will be forfeited unless the employee enrolls in COBRA.



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.

Care for the whole family

Your family members can access individual therapy, or you can attend together in couples or family sessions.

Top quality

Quality care from quality therapists who are licensed, carefully vetted, and use evidence-based treatments.

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 Guardian PPO 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



Annual Maximum
January - December



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



Basic Services
Fillings, and periodontics



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



Orthodontic Services
Children and adults



Orthodontic Lifetime Maximum

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 negotiated fee No deductible
Basic Services Fillings, and periodontics	Plan pays 100% of covered services, AD	Plan pays 100% of negotiated fee , AD
Major Services Crowns, extractions, bridges, implants, dentures, inlays, onlays, veneers, and endodontics	You pay 40% AD	You pay 40% of negotiated fee , AD
Orthodontic Services Children and adults	Covers up to 50% AD	Covers up to 50% of negotiated 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
\$3.76	\$7.06	\$8.05	\$11.32



vision plan options



Guardian is our vision carrier.

Visit guardiananytime.com to find a provider in the VSP Choice 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

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



GUARDIAN - VSP CHOICE NETWORK

In-Network

Out-of-Network

\$10 copay

EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$0.72	\$1.45	\$1.22	\$2.02

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. Any employees that are currently enrolled in Voluntary Life can increase their coverage up to the Guarantee issue amount of \$150,000 at annual enrollment with no EOI needed.

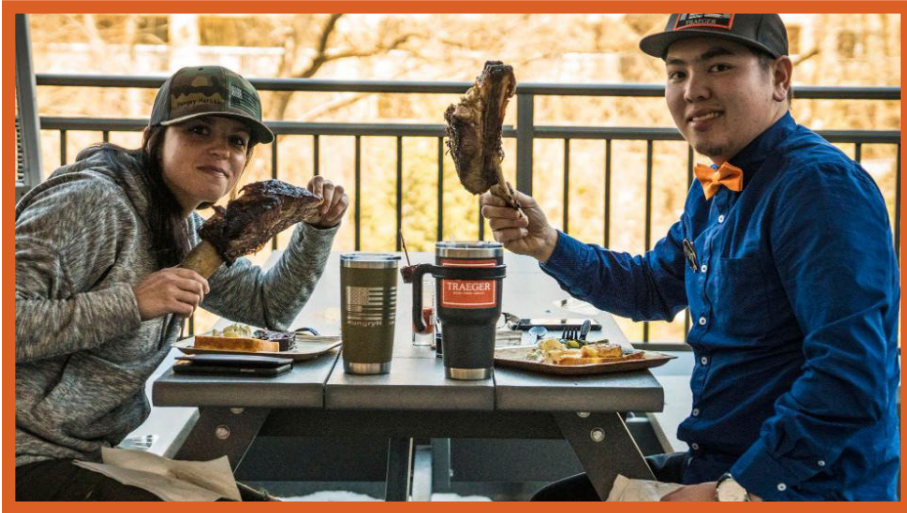


Voluntary Dependent Life Insurance

You may purchase spouse coverage in increments of \$5,000, up to \$250,000. The overall maximum for Spouse coverage is the lesser of 100% of the employees 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.



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:

- + 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.



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	Family
\$7.82	\$8.75

LegalShield AND IDShield Per Pay Period

Employee Only	Family
\$11.95	\$15.65

IDShield ONLY Per Pay Period

Employee Only	Family
\$4.13	\$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).

Contact Fidelity

401k.com | 800-835-5097



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.



additional traeger nation perks and paid time off

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 one 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@traeger.com.

Employee Purchase Program

Following 30 days of employment, employees are eligible for the Employee Discount Program. Codes will be sent to you from employeeCodes@traeger.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 employeeCodes@traeger.com.

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 20)
- + President's Day (February 17)
- + Memorial Day (May 26)
- + Juneteenth (June 19)
- + Independence Day (July 4)
- + Pioneer day (July 24)
- + Labor Day (September 1)
- + Thanksgiving Day (November 27 and 28)
- + 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@imaadvocate.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 (NMPHA) 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.

CMS Part D Notice of Creditable or Non-Creditable Coverage

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

- + A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- + The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- + When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage

ends).

- + The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Traeger has determined all available plan options to be, considered Creditable Coverage.

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

Remember: If you have creditable coverage through our plan, keep this Notice as proof. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this Notice when you join to show you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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



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