

Amy's

**2026 Employee
Benefits Guide**

www.amys.com | Amy's Kitchen, LLC

Revised November 2025



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Disclaimer

This guide only provides highlights of the benefits offered at Amy's. If there are inconsistencies between this document and the legal plan documents, the legal plan documents will govern. Amy's may modify, amend or terminate any of the company-sponsored benefit plans offered at any time, with or without notice. This document does not serve as a contract or offer of employment.

Please be aware that because of the Affordable Care Act (ACA), all Americans must have health insurance. If you do not have medical coverage that meets the Minimum Essential Coverage requirements under the ACA, through your spouse or another source, we encourage you to enroll in the company health plan or through the Marketplace Exchange. Please contact your local People Department for more information or go to www.healthcare.gov.

Amy's Benefits Website

A benefits website has been created for Amy's employees. The benefits website contains all plan summaries, legal plan documents/required notices, claim forms and much more. Type the URL into your browser or scan the QR code with your mobile phone.



www.mybenefits.cc/amys/

Revised November 2025

BENEFITS ELIGIBILITY AND ENROLLMENT

Regular employees scheduled to work 24 or more hours per week are eligible for benefits.

Eligibility Period

You will be provided the opportunity to make your benefit elections as of your date of hire with Amy’s. The waiting period for the start date of benefit plans/programs varies as detailed in the table below.

Once you enroll in benefits, your elections are active for the remainder of the Amy’s plan year (through December 31).

Plan/Benefit	Effective Date	Eligible Dependents
Modern Health Travel Assistance Program Pet Insurance 401(k) Plan	Date of Hire	Dependents are eligible to participate in the benefit programs in green, listed in the Plan/Benefit column to the left.
Medical, Dental, and Vision Coverage Flexible Spending Account (FSA) Voluntary Accident, Critical Illness, Hospital, Life + Long Term Care, Identity Theft Employer-Paid Life/AD&D and Voluntary Life/AD&D	1st of the Month Following (or Coinciding with) 45 Days of Employment	Eligible dependents are defined as: <ul style="list-style-type: none"> Your legal spouse or qualified domestic partner Your children up to age 26 Any dependent child over the age of 26 who is incapable of self-support (if they were enrolled prior to attaining age 26)
Short Term and Long Term Disability Salary Continuation Policy	1st of the Month Following (or Coinciding with) 6 Months of Employment	
401(k) Employer Match Scholarship Program	12 Months from Date of Hire	

Making Changes After Your Eligibility Period

Because of IRS regulations, you may only make changes to your benefits under the following circumstances:

1. If you have a Qualifying Life Event (QLE), such as a change in the number of your dependents (due to marriage/ divorce, birth/adoption of a child), a loss of coverage or change in another group plan. *You have 30 days from the date of the event to request a change to your benefits.*
2. During the annual Open Enrollment period. This happens every year in late October to early November. Changes made during this time take effect on *January 1* and last through *December 31*, unless you have a QLE during the year.

NOTE: Voluntary benefits can be removed at any time during the year.

PPO MEDICAL PLAN



Amy's is proud to offer a nationwide Preferred Provider Organization (PPO) Medical Plan for you and your family. We're partnering with Allied Benefit Systems as the claims administrator, and the plan will use Anthem's National Network for provider access.

What you get:

- A large, trusted network with Anthem
- Bilingual phone support
- Online and mobile tools
- Coverage for both in-network and out-of-network care

IMPORTANT TIP:

Stay in-network to minimize your out-of-pocket expenses.

- Gold PPO covers 50% of out-of-network costs after the deductible
- Out-of-network providers may also bill you for the difference between their charge and what the plan allows

Details about the plan are on the next few pages.

How to Find Providers or Verify That Your Current Providers are In-Network

1. Visit www.anthem.com/ca
2. Select Find Care at the top right of the homepage
3. Make sure the Guests tile is selected
4. Make the below selections in the following drop down menus (shown in the screenshots below)
5. Select Continue
6. Enter your Zip Code
7. Select Provider criteria

Search in CA

What type of care are you searching for?

Medical

Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical Care.

What state do you want to search with?

California

What type of plan do you want to search with?

Medical (Employer-Sponsored)

Select a plan/network

Blue Cross PPO (Prudent Buyer) - Large Group

Continue

Search Outside of CA

What type of care are you searching for?

Medical

Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical Care.

What state do you want to search with?

Idaho

What type of plan do you want to search with?

Medical (Employer-Sponsored)

Select a plan/network

National PPO (BlueCard PPO)

Continue

ANNUAL EXAM PROGRAM

Medical Plan Deductible Credit

Amy's offers employees and covered spouses/domestic partners a significant incentive for participation in the Amy's Annual Exam Program. You will have the opportunity to receive credit towards your medical plan deductible. Employees hired August 31 or earlier in the plan year are required to complete an annual physical exam with basic metabolic blood panel no later than November 30 in order to receive the deductible credit for the following year.




Reporting Your Participation

When you complete the physical exam with basic metabolic blood panel through your provider's office, you will need to complete and submit the Affidavit Form for your Annual Physical Exam in order to receive your deductible credit.

Verifying Your Participation

It is your responsibility to confirm that Amy's has received verification of your participation in the program no later than November 30. You can confirm by contacting the Amy's Dedicated Bilingual Employee Service Center. Amys Bilingual Employee Service Center 541-414-6131 employeehelp@amys.com

Coverage Level	Participation in Amy's Annual Exam Program	Deductible Credit- Gold PPO Medical Plan
Employee Only	You (the employee)	\$750
Employee + Spouse/Domestic Partner	You (the employee)	\$750
	Your Spouse/Domestic Partner	\$750
Employee + Child(ren) <i>Children are not required to participate.</i>	You (the employee)	\$1,500
Employee + Family <i>Includes Employee, Spouse/ Domestic Partner and Child(ren)</i> <i>Children are not required to participate.</i>	You (the employee)	\$750
	Your Spouse/Domestic Partner	\$750

Medical Plan	Deductible Type	Total Yearly Deductible	Amy's Contribution
	Individual 	\$3,000	\$750
	Family 	\$6,000	\$1,500

MEDICAL PLAN BENEFITS

COVERED PERSON PAYS

PPO Prudent Buyer (CA) BlueCard (Outside of CA)	In-Network	Out-of-Network
Member Coinsurance	20%	50%
Calendar Year Deductible*		
Individual	\$3,000	\$3,000
Family Maximum	\$6,000	\$6,000
Family Maximum Deductible Calculation	2+ Members Utilize Plan	2+ Members Utilize Plan
Out-of-Pocket (OOP) Maximum*		
Individual	\$5,000	\$5,000
Family Maximum	\$10,000	\$10,000
Family Maximum OOP Calculation	2+ Members Utilize Plan	2+ Members Utilize Plan
Includes Deductible	Yes	Yes
Includes Copays for Medical Services	Yes	Yes
Includes Prescriptions (RX)	No, separate RX OOP	No, separate RX OOP
<i>OOP does not apply to: prescription copays and prescription copay assistance, Dispense-As-Written (DAW) penalties, premiums, balance-billed charges, health care this plan doesn't cover, and any charges incurred for failure to satisfy any applicable pre-certification requirements.</i>		
Prescription Out-of-Pocket (OOP) Maximum	\$2,000 per covered person	\$2,000 per covered person
Physician Services - including Telehealth		
Primary Care Physician's Office Visit	\$0 deductible waived	50%, after deductible
Specialty Care Services		
Specialist Office Visit	\$0 deductible waived	50%, after deductible
Second Opinion Consultations— services will be provided on a voluntary basis	\$0 deductible waived	50%, after deductible
Allergy Treatment/Injections	\$0 deductible waived	50%, after deductible
Allergy Serum— dispensed by the physician in the office	\$0 deductible waived	50%, after deductible
Preventive Care		
Routine Preventive Care & Immunizations for children through age 17	\$0 deductible waived	50%, after deductible
Routine Preventive Care for adults	\$0 deductible waived	50%, after deductible
Immunizations for adults	\$0 deductible waived	50%, after deductible
Mammograms, PSA, Pap Smear	\$0 deductible waived	50%, after deductible
Breast Cancer Genetic Testing counseling (BRCA) for women at higher risk	\$0 deductible waived	50%, after deductible
Inpatient Hospital: Facility Services		
Requires Pre-Certification		
Room - semi-private room	20% after deductible	50%, after deductible
Room - Private room	20% after deductible	50%, after deductible
Board (includes intravenous delivery of nutrients)	20% after deductible	50%, after deductible
Inpatient Hospital: Professional Services		
Requires Pre-Certification		
Primary Care Physician	20% after deductible	50%, after deductible
Specialist	20% after deductible	50%, after deductible
Surgeon	20% after deductible	50%, after deductible
Radiologist	20% after deductible	50%, after deductible
Pathologist	20% after deductible	50%, after deductible
Anesthesiologist	20% after deductible	50%, after deductible

*Deductible and Out-of-Pocket Maximums cross-accumulate for in-network and out-of-network services.

MEDICAL PLAN BENEFITS

COVERED PERSON PAYS

PPO Prudent Buyer (CA) BlueCard (Outside of CA)	In-Network	Out-of-Network
Outpatient Facility Services Requires Pre-Certification Includes Operating Room, Recovery Room, Treatment	20% after deductible	50%, after deductible
Outpatient Professional Services Primary Care Physician Specialist Radiologist Pathologist Anesthesiologist	20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible	50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible
Infusion Therapy Requires Pre-Certification if over \$1,500	20% after deductible	50%, after deductible
Dialysis Treatment—Outpatient Requires Pre-Certification	20% after deductible	50%, after deductible
Emergency Room Services Hospital Emergency Room (copay waived if admitted) Outpatient Facility Ambulance	\$250 after deductible 20% after deductible 20% after deductible	\$250 after deductible 20% after deductible 20% after deductible
Urgent Care Services Urgent Care Office Visit	\$0 deductible waived	50%, after deductible
Other Health Care Facilities Requires Pre-Certification—combined 180-day visit limit per calendar year Skilled Nursing Facility Rehabilitation Facility Sub-Acute Facility	20% after deductible 20% after deductible 20% after deductible	50%, after deductible 50%, after deductible 50%, after deductible
Laboratory and Radiology Services Advanced Radiology Requires Pre-Certification Diagnostic Laboratory & Radiology Services EKG/ECG MRI / CT / PET Independent X-ray and/or Lab Facilities	\$0 deductible waived 20% after deductible 20% after deductible 20% after deductible	50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible
Outpatient Short-Term Rehabilitative Therapy Requires Pre-Certification—combined 180-day visit limit per calendar year Physical Therapy (no pre-cert for first 12 visits) Speech Therapy (no pre-cert for first 12 visits) Occupational Therapy (no pre-cert for first 12 visits) Respiratory Therapy Post-Cochlear Implant Aural Therapy Cognitive Therapy (Behavioral)	\$0 deductible waived \$0 deductible waived \$0 deductible waived \$0 deductible waived \$0 deductible waived \$0 deductible waived	50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible
Chiropractic Services—24-day visit limit per calendar year Office Visit	\$0 deductible waived	50%, after deductible
Acupuncture and Naturopathic Services and Biofeedback—24-day visit limit per calendar year Office Visit	\$0 deductible waived	50%, after deductible
Nutritional Counseling	\$0 deductible waived	50%, after deductible

MEDICAL PLAN BENEFITS

COVERED PERSON PAYS

PPO Prudent Buyer (CA) BlueCard (Outside of CA)	In-Network	Out-of-Network
<p>Maternity Care Services High Risk Maternity Care Requires Pre-Certification Initial Visit to Confirm Pregnancy All Subsequent Prenatal Visits Physician Delivery Charges (e.g., global maternity fee) Postnatal Visits (1st 90 days after delivery) Postnatal Visits (from 91st day after delivery on) Delivery—Facility (inpatient hospital, birthing center or home birth)</p>	<p>\$0, deductible waived \$0, deductible waived 20% after deductible \$0, deductible waived \$0, deductible waived 20% after deductible</p>	<p>50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible</p>
<p>Family Planning Services Medical Necessity and Pre-Certification Required— \$5,000 limit per calendar year Office Visit Lab & Radiology Tests (excludes MRI, PET & CT scans) Counseling Surgical Vasectomy Surgical Tubal Ligation, including Reversals Infertility Treatment (in vitro, GIFT, ZIFT, etc.) Inpatient Facility Outpatient Facility Physician Services</p>	<p>20%, deductible waived \$0 deductible waived 20%, deductible waived 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible</p>	<p>50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible</p>
<p>Gender Confirmation/Affirmation Services Requires Pre-Certification for other than Physician Services—\$10,000 for travel per surgery or series of surgeries Inpatient Facility Physician Services Hormone Therapy</p>	<p>20% after deductible 20% after deductible 20% after deductible</p>	<p>50% after deductible 50% after deductible 50% after deductible</p>
<p>Home Health Care Requires Pre-Certification— combined 180-day visit limit per calendar year</p>	<p>20% after deductible</p>	<p>50% after deductible</p>
<p>Hospice/Respite Care Requires Pre-Certification— combined 180-day visit limit per calendar year Facility Services</p>	<p>20% after deductible</p>	<p>50% after deductible</p>
<p>Organ Transplant Requires Pre-Certification for other than Physician Services—\$25,000 for travel and lodging per calendar year per family unit Inpatient Facility Physician Services</p>	<p>20% after deductible 20% after deductible</p>	<p>50% after deductible 50% after deductible</p>
<p>Durable Medical Equipment Requires Pre-Certification if over \$2,500 General Equipment (Crutches, Walkers, Casts/Splints) Prosthetics & Orthotics Machinery/Other Durable Medical Equipment External Cochlear Devices and Systems</p>	<p>20% deductible waived 20% deductible waived 20% deductible waived 20% deductible waived</p>	<p>50% after deductible 50% after deductible 50% after deductible 50% after deductible</p>
<p>Mental Health and Substance Abuse Services Inpatient—Requires Pre-Certification Outpatient—If services are provided in an office setting, no pre-certification is required.</p>	<p>20% after deductible \$0, deductible waived</p>	<p>50% after deductible 50% after deductible</p>
<p>Hearing Services—\$4,000 maximum every 4 years Physician’s Office / Physician’s Services Inpatient Facility / Outpatient Surgical Facility Hearing Aids/Devices</p>	<p>20% after deductible 20% after deductible 20% after deductible</p>	<p>50% after deductible 50% after deductible 50% after deductible</p>

MEDICAL PLAN BENEFITS

COVERED PERSON PAYS

Prescription Drug Network is provided through CVS Caremark

Retail 30-day Supply, Plan Deductible Waived	In-Network	Out-of Network
Generic	\$10 Copay	\$20 Copay
Brand Name	\$20 Copay	\$40 Copay
Non-Formulary	\$40 Copay	\$80 Copay
Mail Order or Retail (Maintenance Medication Only)	2x Copay, 90 days	Not Applicable

Dispense-As-Written (DAW) Penalties: DAW mandates the use of generic medications unless there is a medical necessity for use of a brand name. Your provider must submit a written request to obtain approval for the use of a brand name medication when a generic is available. Please see the Summary Plan Description (SPD) for full details or contact the Amy's Dedicated Bilingual Employee Service Center to request the appropriate form to request approval.

Specialty Medication—30-day supply Requires pre-certification Must be filled through CVS Specialty Pharmacy	No cost when you enroll in the PrudentRX Copay Program. See description below. <u><i>If you do not enroll in the Program, you will pay 30% of the cost of the medication.</i></u>
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PrudentRx Copay Program for Specialty Medications
The PrudentRx Copay Program assists members by helping them enroll in manufacturer copay assistance programs. If you or covered family members are not currently taking, but will start taking, a new medication covered under the PrudentRx Copay Program, you can reach out to PrudentRx, or they will proactively contact you so that you can take full advantage of the PrudentRx program. PrudentRx can be reached at 1-800-578-4403. To review the PrudentRX medication list, visit the Amy's benefits website at benefits.filice.com/amys.

CVS Pharmacy Advisor Program: The CVS Pharmacy Advisor Program provides member education and counseling by phone or at one of the participating 56,000 retail network pharmacies. You may receive a call from a CVS counselor or be asked if you would like an in-person consultation when you pick up your medication at the pharmacy. This personalized program is intended to help you understand your medication's safety precautions as well as help you stay on track with your refills. We highly encourage you to participate in the program. This is offered at no cost to you.

Retail Pharmacy: In-Network Only

\$5
\$10
\$20

\$5 Maintenance Drug Program—Generic is Mandated When Available

Your cost is \$5 per fill when filled at an in-network pharmacy or through the Mail Order Program

Diabetes

Metformin
Basaglar
Tresiba
Novolog
Amaryl (glimepiride)
Glyburide
Glipizide/Glucotrol

Behavioral Health

Citalopram
Sertraline
Escitalopram/Lexapro
Venlafaxine (Standard and XR)
Bupropion (Standard, IR and XR)
Trazodone

Cholesterol

Simvastatin
Lovastatin
Pravastatin
Lipitor (atorvastatin)
Rosuvastatin

Asthma

ProAir (albuterol)
Advair (fluticasone/salmeterol)
Budesonide/formoterol
Flovent (fluticasone diskus)
Qvar (beclomethasone)
Montelukast Sodium

Hypertension

Lisinopril	Losartan
Atenolol	Losartan- hydrochlorothiazide
Carvedilol	Verapamil
Metoprolol	Diltiazem
Amlodipine	Furosemide/Lasix
Doxazosin	Hydrochlorothiazide
Chlorthalidone	Enalapril
Candseartan	

ACCESSING HEALTH CARE IN THE PROPER SETTING

Emergency Room (ER) or Urgent Care (UC): Which one should you go to?



EMERGENCY ROOM VISIT

1. Life-threatening
2. Average wait time is 4 hours

Copay:

Gold Medical plan is \$250 after deductible



URGENT CARE VISIT

1. Non-life-threatening
2. Average wait time is 1 hour

Copay:

Gold Medical plan is a \$0 copay

Go to Emergency Room for these symptoms:

- Coughing up blood
- Fever over 102
- Trouble breathing
- Burning during urination with lower back pain

Go to Urgent Care for these symptoms:

- Cough
- Cold
- Fever
- Burning during urination with a fever less than 102

Preventative vs. Diagnostic Care: Knowing the difference

Preventive care helps protect you from getting sick. If your doctor recommends services when you have no symptoms, that's preventive care. Our health plans offer preventive care services and immunizations at no cost to you. As long as you use a doctor, pharmacy, or lab in your plan's network, you won't have to pay anything. If you go to doctors or facilities that are not in your plan, you may have to pay out of pocket. For a full list of preventative services visit:

mybenefits.cc/amys/

Diagnostic care is when you have symptoms, and your doctor recommends services to determine what's causing those symptoms.

MY ALLIED PORTAL APP



Accessing your health plan just got easier

The My Allied Portal is exclusively for you. With digital tools to keep you connected, your health plan will always be with you when you need it.

Get ready to unlock your benefits:



Simplified Access

With the My Allied Portal app, your health plan information is always at your fingertips, making it simpler than ever to navigate your healthcare plan.



Find Providers and Compare Costs

Search for in-network providers and get personalized cost estimates for thousands of covered medical procedures.



Explore Your Care Programs

Understand what's covered under your health plan and discover enhanced care programs available to you and your family.



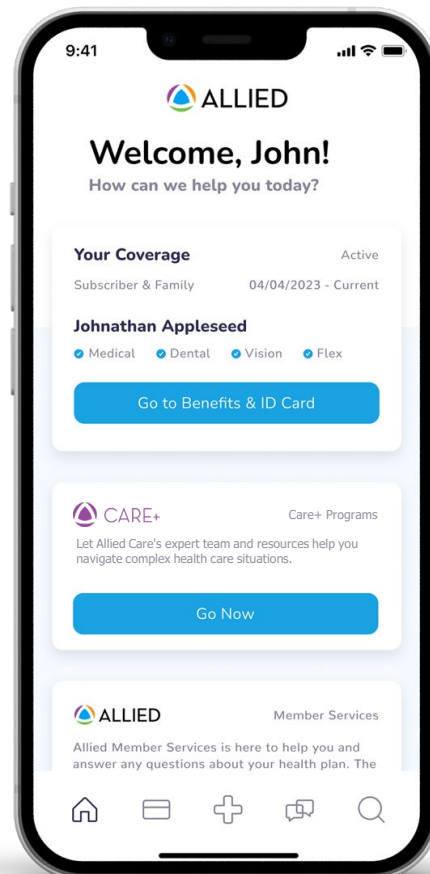
Track Your Plan Activity

Keep tabs on your claims, benefits, and progress toward your deductible with on-the-go access and real-time notifications



Get Your ID Card On-The-Go

View and share your health plan ID card with your doctor's office directly from your app.



Activate the My Allied Portal app

STEP 1

Go to alliedbenefit.com or head to your device's app store to download the My Allied Portal app

STEP 2

Use your member ID and group number to log in. If you need assistance, our support team is just a call away.

STEP 3

Start exploring the app's features and make the most of your healthcare benefits!

DENTAL & VISION COVERAGE

Our Dental Plan



DENTAL PLAN FEATURES	PLAN BENEFITS
Calendar Year Deductible	
Individual	\$25
Family	\$75
Maximum Annual Benefit (per person):	\$1,500
Preventive Services (deductible waived): Exams, Cleanings, X-rays & Fluoride Treatments	Your Responsibility = 0%
Restorative Services: Fillings, Simple Extractions, Space Maintainers, Root Canal, Periodontal, Emergency Treatments	Your Responsibility = 20%
Major Services: Crowns, Bridges, Implants & Dentures	Your Responsibility = 50%
Orthodontia (children and adults):	Lifetime Benefit = \$1,500/person

Dental benefits are offered through Anthem Blue Cross. Your dental plan uses the Dental Complete network. To find an in Network Provider visit (add website and / or QR code)

NOTE: If you visit a dentist who isn't part of your insurance network, you might have to pay extra costs. That's because your insurance only covers what it considers a "fair price," and some dentists charge more than that. To avoid surprise bills, it's best to go to a dentist in your insurance network—they've agreed to set prices, so you won't get charged more than expected.

Our Vision Plan



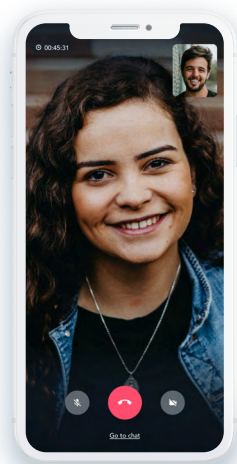
VISION PLAN	VSP VISION	
	In-Network	Out-of-Network
Service		
Eye Exams:	Copay \$20 then covered at 100% (Every 12 months)	Up to \$50
Eyeglass Lenses:	Copay \$0 (combined with exam) Single vision, lined bifocal or trifocal lenses Polycarbonate lenses for dependent children (Every 12 months. Additional lens options available. Please see benefits summary for additional associated costs.)	Single vision - up to \$50 Lined bifocal - up to \$75 Lined trifocal - up to \$100
Frames:	\$150 Maximum Allowance 20% additional discount over allowance	Up to \$70
Contact Lenses: in lieu of glasses	Copay up to \$60 \$150 Maximum Allowance (includes fitting & evaluation) (Every 12 months)	Up to \$105

If you enroll in the Amy's Medical Plan, you are automatically enrolled in vision care coverage through VSP.

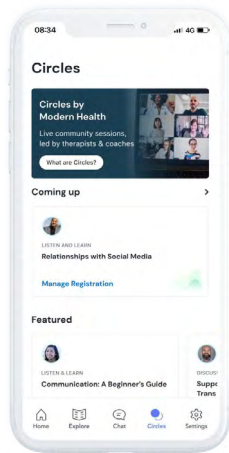
Please note: Benefits listed are covered every 12 months, not every calendar year. For example, if you have an eye exam on April 1, you will be eligible for your next eye exam on April 1 of the following year.

Your home for mental wellness is here.

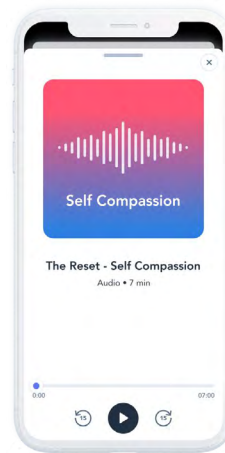
Welcome to Modern Health, your resource for mental wellness benefits so you can be the best version of yourself, at home and at work.



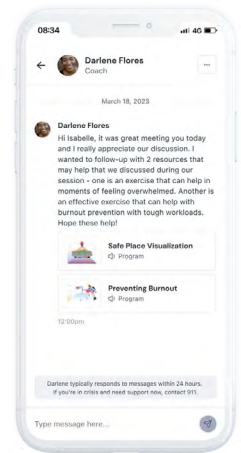
One-on-one coaching & therapy



Live and on-demand group sessions



Meditations & programs



Unlimited texting with providers

Modern Health provides support for all aspects of life:



Emotional Health



Professional Health



Social Health



Physical Health



Financial Health

Take the first step
toward prioritizing you:

Scan this QR code or visit my.modernhealth.com to get started.
Questions? Email us at help@modernhealth.com.



FLEXIBLE SPENDING ACCOUNT



Amy's offers Health Care Flexible Spending Account (HCFSA).

The Health Care FSA plan is administered by isolved and allows you to use pre-tax dollars to pay for IRS-qualified health care expenses.

- You choose an amount to set aside from your paycheck before taxes.
- That money goes into your FSA account and can be used for eligible health expenses.
- The annual amount you elect is deducted from your paycheck in equal amounts each pay period.
- You'll get a debit card to use at approved stores and providers.

You can use your health care FSA dollars for:

- Copays for office visits
- Copays for prescription drugs
- Deductibles (if applicable)
- Over-the-counter medications
- Laser eye surgery
- Orthodontia
- Glasses or contact lenses
- Household items such as band aids, sunscreen first aid supplies, feminine care products
- For additional information and to view the IRS approved list of expenses, visit <https://mybenefits.cc/amys/>

You can use your Health Care FSA to pay for eligible expenses for yourself or your eligible dependents. You may contribute up to the annual plan maximum, which is announced during Open Enrollment each year. Once enrolled, you'll receive a debit card to use at participating vendors for qualified FSA expenses only.

Out-of-Network Expenses & the FSA

We highly encourage health plan members to seek care from -in-network providers as this helps keep your out-of-pocket costs lower. If you do obtain services that are out-of-network due to necessity or preference, you can use your FSA dollars to help pay for the patient responsibility that the health plans do not cover.



IMPORTANT IRS RULES RELATED TO FSAS

-
- Amy's has updated the Health Care FSA "use-it-or-lose-it" rule to allow up to \$680 to roll over into the next plan year. Your rollover amount will be available on January 1 of the following year.
 - You cannot change or stop your Health Care FSA contributions during the year unless you experience a qualifying status change (see page 3 for details).
 - You have 90 days after the plan year ends to submit claims for expenses incurred in the prior year.

LIFE AND DISABILITY



You are automatically enrolled in this coverage.

Amy's provides all eligible employees with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through Prudential at no cost to you. As a benefits-eligible employee, you are automatically enrolled in this coverage on the 1st of the month following or coinciding with 45 days from your date of hire. Be sure to complete beneficiary information at time of enrollment and update your information as appropriate.

Basic Life Insurance

Hourly Employees: In the event of your death, this plan pays your beneficiary a benefit of \$50,000.

Exempt*: In the event of your death, this plan pays your beneficiary a benefit equal to one times your annual base salary to a maximum of \$200,000.

Basic AD&D Insurance

Hourly Employees: In the event of your accidental death, this plan pays your beneficiary an additional benefit of \$50,000.

Exempt*: In the event of your accidental death, this plan pays your beneficiary an additional benefit equal to one times your annual salary to a maximum of \$200,000.

If you are seriously injured as the result of an accident (for example: lose your eyesight, paralysis), this plan will pay a partial benefit to you.



*If an employee classified as exempt makes less than \$50,000 annually, this plan pays a minimum benefit of \$50,000.

Travel Assistance Program

Prudential provides employees with 24-hour, 365-days-a-year travel assistance whenever you or your family members are travelling domestically or internationally 100+ miles from home. This service is brought to you by IMG Travel Assistance. Services include but are not limited to:

- Medical assistance services
- Prescription transfer and shipping
- Pre-trip assistance and cultural information
- Lost document and baggage or passport
- Bail bond services
- Medical referrals and telemedicine
- Translation or interpreter service
- Emergency cash
- Locating legal service
- Urgent message relay on your behalf to your family and friends
- Emergency transportation services, such as emergency evacuation, repatriation, family or friend travel arrangements and return or dependent children.

Just in case you become ill or injured and are unable to work.

If you become ill or injured and are unable to work, Amy's provides income protection benefits through Prudential at no cost to you. These benefits have been designed to protect your income in the case of either a short term disability or a longer period of disability. Please note that specific restrictions apply to these benefits. In addition, because Amy's pays for the cost of these premiums, any benefit, if received, would be taxable.

Short-Term Disability Insurance (STD)

STD coverage provides financial assistance if you are unable to work for a limited period of time due to an illness or injury that is not work-related. You are automatically enrolled in this coverage on the first of the month following six months of employment.

- STD weekly benefits may replace up to 60% of your pre-disability salary, to a maximum benefit of \$1,400 per week.
- Your STD benefits will be offset by federal or state disability benefits so that the total benefit amount is not greater than 60% of your weekly earnings.
- STD benefits begin after a 7-day waiting period when your disability is due to a non-work related injury or illness.
- Your STD benefits may continue for up to a maximum of 25 weeks.

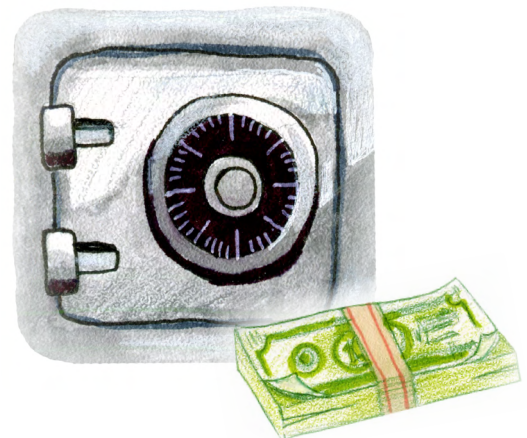
Long-Term Disability Insurance (LTD)

LTD coverage provides financial assistance if you are not able to return to work after 180 days of disability due to an illness or injury that is not work-related. You are automatically enrolled in this coverage on the first of the month following six months of employment.

- LTD benefits may replace up to 60% of your pre-disability salary, to a maximum benefit of \$6,000 per month.
- Any LTD benefits are offset by income from other sources, including Social Security or Workers' Compensation, so that the maximum monthly benefit you receive is not greater than 60% of your monthly earnings.
- LTD benefits begin only after you have been continuously disabled for 180 days.

Salary Continuation Policy

In addition to the disability coverages above, you may be eligible for a Salary Continuation Policy. This policy is designed to supplement STD benefits. Eligibility for this additional coverage is based upon your salary. For details, contact your Amy's Benefits Team at amysbenefits@amys.com.



Amy's Provides One Simple Process to Request Leaves

Amy's complies with all state and federal regulations related to leaves of absence and partners with Tristar in order to ensure compliance. Contact Tristar to report a leave of absence.

Who Is Responsible for Notifying Amy's Kitchen of My Leave of Absence?

It is your responsibility to follow the normal Amy's Kitchen, llc. leave of absence reporting procedures and notify your supervisor or manager of your leave of absence in addition to notifying Tristar. Unless it's an emergency, leaves of absence must be submitted a minimum of thirty (30) days in advance of the leave of absence.

How Do I Notify Tristar About a Leave of Absence?

- If you need to report a leave of absence, call Tristar at 844-702-2352 which offers bilingual service; or
- Report it online at amys.ess-absencetracker.com. From the login page for TRISTAR Self-Service, Register a new account with your work email. (You will receive an email from AbsenceSoft to create a password) see bottom right area of the home page. You will log in to AbsenceTracker. To create a new case you will click on the icon "New Request". Once you complete the request a specialist will reach out to you within two business days to discuss your case.

PAID HOLIDAYS

Regular full-time and part-time employees (working a minimum of 24 hours per week) are entitled to the following paid holidays:

- New Year's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day



OTHER AMY'S BENEFITS

Scholarship Program

Amy's promotes and fosters college-level education for the children of our employees through a Scholarship Program. This program, which started in the year 2000, has granted thousands of dollars in college scholarships. Applications for scholarships are distributed in the spring of each year. We encourage all employees who have completed 12 months of employment and who have children attending or preparing to attend college to apply for this program.

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Employee Discount Program for Amy's Food

Amy's offers our employees discounts on Amy's products. For more information on the company discount program, contact your local People Team.

Amy's Education Assistance Program

Amy's recognizes that the skills and knowledge of our employees are critical to the success of the company. The Educational Assistance program encourages personal development through formal education and assists employees with improving job-related skills or enhancing their ability to advance to another position within Amy's.

All regular full-time employees who have been employed by Amy's for at least 6 months may apply for Educational Assistance. Approved courses are eligible for reimbursement of up to \$2,000 per calendar year. For more information, contact your local People Team.

VOLUNTARY BENEFITS



Voluntary Life and AD&D Insurance

You may also elect to purchase Voluntary Life and/or Accidental Death and Dismemberment (AD&D) Insurance for yourself and your eligible dependents.

You must elect Voluntary Life and AD&D coverage for yourself in order to cover your spouse and/or child(ren).

During your initial new hire eligibility period you/your spouse can enroll up to the Guarantee Issue Amount of the policy without Evidence of Insurability (EOI)*.

If you or your spouse/domestic partner do not enroll in the Voluntary Life and AD&D plan when you are first eligible, you may enroll at a later date. However, ALL coverage amounts will require EOI and are subject to approval by Prudential.

Rate information is available on Amy's benefits website and on the Voluntary Life and AD&D enrollment form. Please ask your local People Team or the Amy's Dedicated Bilingual Employee Service Center for more information.

Employee

- Purchase an amount between \$10,000 and \$500,000 in increments of \$10,000
- Guarantee Issue Amount: \$200,000 up to 3x your annual salary
- Maximum amount equal to five times your annual salary

Spouse/Domestic Partner

- Purchase an amount between \$5,000 and \$500,000 in increments of \$5,000
- Maximum amount equal to 100% of your employee-elected coverage
- Guarantee Issue Amount: \$25,000
- Benefits will be paid to the employee

Child(ren)

- Purchase Life/AD&D insurance for your child(ren) from ages birth to age 26 in the amount of up to \$10,000
- Benefits will be paid to the employee

**Evidence of Insurability (EOI): Proof of good health/Evidence of Insurability (EOI), is an application process in which you provide information on the condition of your health or your dependent's health in order to be approved for coverage.*



Voluntary Benefits are benefits that we offer at a discounted group rate but are paid for fully by an employee through a payroll deduction, but you can still enroll in these programs now if you are interested.

Voluntary Life + Long Term Care

You may also elect to purchase Voluntary LifeTime Term + Long Term Care coverage for yourself and your eligible dependents. You must elect Voluntary Life + LTC coverage for yourself in order to cover your spouse and/or child(ren).

LifeTime Benefit Term Provides You with the Protection Your Family Needs

LifeTime Benefit Term helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses. Cash benefits can also be paid directly to you while you are living for long term care expenses.

You Decide How You Want to Use LifeTime Benefit Term Benefits

When you make the promise to protect your family with LifeTime Benefit Term, there are several ways it can work.

As Life Insurance

LifeTime Benefit Term protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.

For Long Term Care (LTC)

If you become chronically ill, LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care. You can use this money any way you choose, and your life insurance premiums will be waived.

- Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero.
- With Extension of Benefits*, if you continue to need LTC after you have exhausted your Death Benefits, you can receive up to 25 more months of benefits, for a total of 50 months of LTC benefits.

Rates for the LifeTime Term + Long Term Care plan will vary based on age and smoking/non smoking and will be provided to you at the time of enrollment.

How LifeTime Benefit Term Can Be Used					
Three Options	Life Situation	Death Benefit	Long Term Care	Long Term Care Extension	Total Benefits
1. Life Insurance	You lead a full life and do not need Long Term Care (LTC)	\$100,000	----	----	
2. Long Term Care (LTC) insurance	You lead a full life and need assisted living or nursing home care	----	\$100,000	----	\$100,000
3. Split your Death Benefit for LTC & life insurance	You lead a full life but also need some LTC funds (Example: 4% of \$100,000 for 12 months)	\$52,000	\$48,000	----	
Additional Coverage for Long Term Care and Death Benefits					
Extra Long Term Care for up to 25 additional months	You lead a full life and need extended benefits for assisted living or nursing home care	----	----	\$100,000	\$100,000
Restore your Death Benefit	If you deplete your entire Death Benefit due to LTC, we restore your Death Benefit to 50% of your original death benefit, not to exceed \$50,000	\$50,000	----	----	\$50,000
Option 1, 2 or 3 + Extra LTC Coverage + Restoration of Death Benefit = TOTAL COVERAGE				\$250,000	
This example is for illustrative purposes for employee-only coverage.					

Group Accident Insurance



How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

How much does it cost?

Your monthly premium	Option 1	Option 2
You	\$3.70	\$2.65
You and your spouse	\$6.70	\$4.86
You and your children	\$9.21	\$6.50
Family	\$12.21	\$8.71

GROUP CRITICAL ILLNESS INSURANCE



How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Be Well Benefit	
Every year, each family member who has Critical Illness coverage can also receive a payment for getting a covered Be Well Benefit screening test, such as:	
<ul style="list-style-type: none"> • Annual exams by a physician include sports physicals, well-child visits, dental and vision exams • Screenings for cancer, including pap smear, colonoscopy • Cardiovascular function screenings 	<ul style="list-style-type: none"> • Screenings for cholesterol and diabetes • Imaging studies, including chest X-ray, mammography • Immunizations including HPV, MMR, tetanus, influenza

Who can get coverage?

You:	Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 100% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 100% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

What's covered?

Critical Illnesses	
<ul style="list-style-type: none"> • Heart attack • Stroke • Major organ failure • End-stage kidney failure • Sudden cardiac arrest 	<ul style="list-style-type: none"> • Coronary artery disease Major (50%): Coronary artery bypass graft or valve replacement • Minor (10%): Balloon angioplasty or stent placement
Cancer conditions	
<ul style="list-style-type: none"> • Invasive cancer — all breast cancer is considered invasive • Non-invasive cancer (25%) 	<ul style="list-style-type: none"> • Limited Skin cancer — \$500
Progressive diseases	Supplemental conditions
<ul style="list-style-type: none"> • Amyotrophic Lateral Sclerosis (ALS) • Dementia, including Alzheimer's disease • Multiple Sclerosis (MS) • Parkinson's disease • Huntington's Disease • Lupus • Muscular Dystrophy • Myasthenia Gravis • Systemic Sclerosis (Scleroderma) • Addison's Disease 	<ul style="list-style-type: none"> • Loss of sight, hearing or speech • Benign brain tumor • Coma • Permanent Paralysis • PTSD <p>Paid at 25%</p> <ul style="list-style-type: none"> • Infectious Diseases (Requiring Hospitalization) • Pulmonary Embolism • Transient Ischemic Attack (TIA) • Bone Marrow/Stem Cell

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.

How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

Be Well Benefit

Every year, each family member who has Hospital coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

How much does it cost?

Your monthly premium	
You	\$13.88
You and your spouse	\$29.26
You and your children	\$19.51
Family	\$34.89

Coverage may vary by state. See exclusions and limitations.

The plan does not include a pre-existing condition limitation. You are covered from day one.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at <https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>

IDSHIELD 360 IDENTITY THEFT PROTECTION



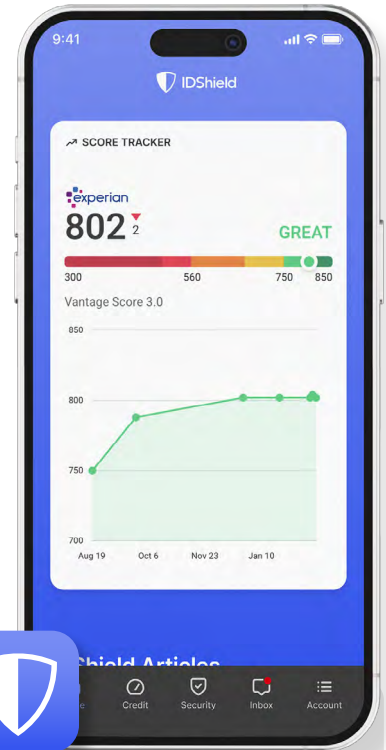
IDShield Helps You Protect Your Identity and Reputation!

With IDShield You Will Receive:

- ✓ \$5 Million Identity Fraud Protection Plan
- ✓ Online Privacy and Reputation Management
- ✓ Device Protection
- ✓ Financial Account Monitoring
- ✓ Identity, Credit and Social Media Monitoring
- ✓ Credit Score Tracker
- ✓ Real-Time Alerts

In the event of identity theft, a **dedicated licensed private investigator will restore your identity** back to its pre-theft status — guaranteed.

**Always Connected.
Always Protected.**



Who is Covered?

Individual Plan:

- The participant only

Family Plan:

- The participant
- Participant's spouse/domestic partner
- Dependent children under the age of 26
- Parents

Dependent children ages 18-26 and parents of the participant or participant's spouse/ domestic partner are eligible for consultation and restoration services only. Monitoring services are unavailable for parents. Dependent children over age 26 who are physically disabled or mentally incapacitated are also eligible for consultation and restoration services.

Affordable Identity Protection

\$8.45/monthly

Individual Plan

\$15.50/monthly

Family Plan

For more information, visit: www.shieldbenefits.com/amyskitchen

IDShield is a product of Pre-Paid Legal Services, Inc. ("PPLSI") and provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner and eligible dependent children under the age of 18. Consultation and restoration services are available for eligible dependent children ages 18 to 26 who permanently reside in the same residence as the named member. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. PPLSI is not an insurance carrier. This covers certain fraud expenses and legal costs as a result of a covered identity fraud event. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.



PET INSURANCE



Fetch the best health coverage for your pet through your voluntary benefits package. With two budget-friendly plans, there's never been a better time to sign up for My Pet Protection®, available only through your workplace benefits program.

Nationwide offers two plans for you to choose from: My Pet Protection® and My Pet Protection® with Wellness500.¹

Both plans are guaranteed issuance,² have a \$250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.³

	My Pet Protection®	My Pet Protection® with Wellness500
Accidents	✓	✓
Injuries	✓	✓
Illnesses	✓	✓
Hereditary and congenital conditions	✓	✓
Diagnostics and imaging	✓	✓
Procedures and surgeries	✓	✓
Wellness exams		✓
Vaccinations		✓
Flea prevention		✓
Spay or neuter		✓
And more	✓	✓



Did you know? Nationwide is the industry-first provider of coverage for birds and exotic pets.

How to use your pet insurance plan

1 Visit any vet, anywhere.

2 Submit claim.

3 Get reimbursed for eligible expenses.

Online: <https://benefits.petinsurance.com/amys> Ph: 877-738-7874

[1] Existing members can enroll in My Pet Protection® with Wellness500 during their respective renewal period only. Products and discounts not available to all persons in all states. [2] Guaranteed issuance means any new pets enrolling into a My Pet Protection Plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply. [3] These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and annual limits.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, VetHelpline® and Nationwide PetRxExpress™ are service marks of Nationwide Mutual Insurance Company. Third party marks are the property of their respective owners. ©2024 Nationwide. 23GRP9695A



RETIREMENT SAVINGS PLAN

A convenient, tax-advantaged way to save for your future

401(k)

The Amy's 401(k) Plan provides you with a convenient, tax-advantaged way to save for your future and build on your long-term retirement goals.

- You are automatically enrolled at 4% on your first day of employment, and you will receive a welcome packet via mail.
- You can opt out within your first 90 days of hire.
- Beneficiary information is completed online with Transamerica at <https://www.transamerica.com/portal/>.
- Includes an employer match (see details below).
- 1% salary deferral is automatically applied after your first year of employment. See details included in the Step Up Program section below.
- You may change your investment options anytime.

As a new hire, you may elect the percentage you wish to contribute each pay period and choose the investment accounts you wish to invest in. If you do not select a percentage or investment, Amy's will automatically enroll you at 4% and your funds will be automatically deposited into the default investment account. If you do not choose to enroll in the company-sponsored 401(k) on your date of hire, you may elect to do so at the start of each quarter by contacting your local People Team or by visiting <https://www.transamerica.com/portal/>.

Step Up Program

This program is part of the automatic enrollment process where you are enrolled automatically at 4% upon date of hire. Amy's automatically increases your salary deferral from 4% to 5% on the first of the year after completing one year of employment.

- 2025 hires step up 1/1/2027
- 2026 hires step up 1/1/2028

Amy's will again automatically step up from 5% to 6% on the 1st day of the following plan year, and continue the 1% increase each year thereafter until a maximum of 15% is reached. This will only be done if there are no changes made.

You can also visit: <https://www.transamerica.com/portal/> or call: 800.755.5801.

Important features of the 401(k) plan include:

- You can contribute between 1% and 100% of your eligible compensation, up to the IRS annual maximum. If you are age 50 or older, you may also make "catch-up" contributions.
- Once you have been employed by Amy's for twelve consecutive months and you have worked at least 1,000 hours during these twelve months, you will be eligible to participate in the matching feature of the plan. The matching feature of the plan means that Amy's will match your 401(k) contribution in the following manner: 100% of your first 3% contribution to the plan and 50% of your next 2% contribution to the plan. The employer match is 100% vested.
- Your contributions are deducted from your eligible compensation before federal (and most state) income taxes are withheld from your paycheck. As a result, your taxable income is reduced so you pay less in taxes and have more take-home pay.
- You may increase or decrease your 401(k) contribution via phone or online at any time.
- You can invest your contributions in select investment funds offered by the plan. Each investment option has a varying level of risk.
- Investment fund changes are allowed at any time.
- Rollovers from other qualified retirement accounts, including Individual Retirement Accounts (IRAs), are permitted.



Morrow: Financial Coaching Program

Finances are complex.
Morrow makes them simple.

With Morrow you get:

- 1:1 meetings with a Morrow coach
- Personalized guidance & action plans
- DIY Courses specific to your money goals
- Answers to your money questions
- and any other help related to money!



Scan to Get Started:



(Visit go.usemorrow.com/amys/go
Or Call/Text **628-246-2061**)

How it Works:

- 1. Tell us where we can help**
Scan the QR or call us to sign up. Let us know the areas of your finances that you want to work on.
- 2. Choose how you want to begin**
You can meet with a coach via a 1:1 call or get started on your own with the Morrow platform. If you're unsure, try meeting with a coach first
- 3. Start working towards your goals**
We'll give you digestible action items to reach your goals and put more \$\$ in your pocket.



Employee Costs Plan Year 2026

Effective January 1, 2026 - December 31, 2026		
Coverage Level	Anthem Gold Medical + VSP Vision	Anthem Dental
Employee Only	\$64.40	\$4.65
Employee + Spouse/ Domestic Partner*	\$259.91	\$17.82
Employee + Child(ren)	\$188.51	\$19.19
Employee + Family	\$402.10	\$35.79

*A domestic partner and/or a domestic partner's child(ren) is not considered a legal tax dependent under federal law. As a result, if you elect to have your partner or their children covered under your health plan(s), you will pay income tax and Social Security payroll tax on the portion of the insurance premium that your employer contributes towards the portion of cost for their coverage (this is known as imputed income). In addition, your portion of cost for their coverage will be deducted from your paycheck on an after-tax basis.



BENEFIT CARRIER CONTACTS

Scan to
access your
benefits
website



A quick reference guide

Plan	Phone	Website/Email	Policy Number
MEDICAL Anthem Medical Plans administered by Allied Benefit Systems	800-288-2078	www.alliedbenefit.com/Members	A26120
DENTAL Anthem Blue Cross	844-729-1565	www.anthembenefit.com	L03541
VISION VSP	800-877-7195	www.vsp.com	40161694
FLEXIBLE SPENDING ACCOUNTS (FSA) iSolved	866-370-3040	fbamail@iSolved.com , infinconsumer.lh1ondemand.com	CN176191
LIFE AD&D AND DISABILITY Prudential Basic Life & AD&D	800-524-0542	www.prudential.com	70368
LIFE AD&D AND DISABILITY - Prudential Voluntary Life & AD&D	800-524-0542	www.prudential.com	70368
LIFE AD&D AND DISABILITY - Prudential Short & Long-Term Disability	877-367-7781	www.prudential.com	70368
LEAVE OF ABSENCE REPORTING Tristar	844-702-2352	amys.ess-absencetracker.com	
BEHAVIORAL AND MENTAL HEALTH Modern Health	866-535-6463	my.modernhealth.com	N/A
TRAVEL ASSISTANCE Travel Assistance - IMG Global	855-847-2194	www.imglobal.com , assist@imglobal.com	N/A
ACCIDENT / CRITICAL ILLNESS / HOSPITAL UNUM	800-635-5597	www.unum.com	973856, 973857, 973858
LIFE + LONG TERM CARE Chubb	855-241-9891	csmail@gotosercive.chubb.com	N/A
IDENTITY THEFT IDShield	888-807-0407	www.shieldbenefits.com/amyskitchen	Amy's Kitchen
PET INSURANCE Nationwide	877-738-7874	benefits.petinsurance.com/amys	R0118208
401(k) PLAN Transamerica	800-755-5801	www.trsrretire.com	QK63038
MORROW	628-246-2061	go.usemorrow.com/amys	N/A
AMY'S BILINGUAL EMPLOYEE SERVICE CENTER	541-414-6131	employeehelp@amys.com	
AMY'S BENEFITS WEBSITE		https://mybenefits.cc/amys/	