Schreiber Foods, Inc.
Cafeteria Plan

Summary Plan Description
and Plan Document

Pre-tax Payroll Deduction Plan, Health Savings Accounts,
and Childcare Subsidy

2025

TABLE OF CONTENTS

Page

TABLE OF CONTENTS
(continued)

Page

Introduction

As part of its overall benefits package, Schreiber Foods, Inc. ("Schreiber") sponsors the Cafeteria Plan (the "Plan") for the benefit of its Partners who are eligible to participate in any Schreiber-sponsored medical, dental and/or vision plans (together, "Schreiber's health plans"). The Plan includes a premium conversion plan ("Pre-tax Payroll Deduction Plan"), a health savings account ("HSA") and Childcare Subsidy. This Plan is intended to be a "cafeteria plan" that complies with Section 125 of the Internal Revenue Code and the regulations issued thereunder and the terms of this Plan will be administered and interpreted accordingly.

Through the Pre-tax Payroll Deduction Plan, Partners can make premium payments on a pre-tax basis for coverage elected under Schreiber's health plans. Through the HSAs, Partners can contribute pre-tax dollars to use for qualifying health care expenses. With the Childcare Subsidy, partners may receive pre-tax dollars to receive reimbursements for certain out-of-pocket dependent care expenses. The Plan year is the calendar year.

This document is the summary plan description ("SPD") for the Plan but also serves as the plan document. It is intended to clearly explain a complex benefit program; however, you may also receive additional information on the Plan from Schreiber. Other communications regarding the Plan are incorporated by reference and considered to be part of this document. **If there are any inconsistencies between the documents associated with the Plan, the issue will be resolved by referring to the documents in the following order to determine which provision controls. The provisions of the various documents addressing the benefit shall be given priority in the following order: 1) this master plan document; and 2) summary plan descriptions; and 2) any other documentation provided by Schreiber that explains the Pre-tax Payroll Deduction Plan, the HSA, or Childcare Subsidy.** This document may be modified from time to time by a Summary of Material Modifications (an "SMM") or with an SPD revision adopted by Schreiber. Any SMM related to the Plan is considered to be part of this document.

Please read the information in this document carefully so you will have a full understanding of your Plan benefits.

Eligibility and Participation

If you are a Partner eligible to participate in Schreiber's health plans, you are also eligible to participate in the Pre-tax Payroll Deduction Plan, HSA (if you are enrolled in a qualified high deductible health plan). In addition, you may be eligible for participate in the Childcare Subsidy.

An individual designated or treated for payroll tax purposes (at the time of payment) as an independent contractor, contract worker, consultant, or leased employee is not eligible for coverage under the Plan even if the individual is later determined to be a Partner. This exclusion will apply even if a court or governmental agency subsequently determines the individual is, or was, a Partner at Schreiber.

You automatically begin participating in the Pre-tax Payroll Deduction Plan when you enroll in one of Schreiber's health plans. For the Childcare Subsidy, all Schreiber partners are eligible at the participating locations if they have a verified child in Workday age 12 or younger and your annual salary is less than $100,000 or your hourly rate is less than $48.08. You may choose to participate in the HSA if you are enrolled in a Schreiber health plan option that is a qualified high deductible health plan.

Annual Enrollment

When you choose to enroll in one of Schreiber's health plans, you are automatically enrolled in the Pre-tax Payroll Deduction Plan. You are automatically re-enrolled in the Pre-tax Payroll Deduction Plan each year when you elect to participate in one of Schreiber's health plans. If you do not want to participate in the Pre-tax Payroll Deduction Plan, contact your Human Resources Department Representative.

During the annual enrollment period, you can also choose to enroll in the HSA or Childcare Subsidy. Participation is completely voluntary. You must be enrolled in Schreiber medical coverage and have elected a high deductible health plan option to open an HSA. You can enroll in one account, either accounts, or neither.

The elections you make during the annual enrollment period with respect to participating in any or all of Schreiber's health plans, the Pre-tax Payroll Deduction Plan, the HSA, and/or the Childcare Subsidy take effect on January 1, if you are actively at work, and remain in effect until December 31. Your participation in the Pre-tax Payroll Deduction Plan will continue automatically in subsequent years unless you modify your health plan elections during the open enrollment period before the change deadline. If you do not modify any of your elections, you will continue to participate based on your elected levels of participation in the prior year unless the open enrollment is active. Under an active open enrollment all Partners are required to complete an election if they want coverage the following year. If you are not active during open enrollment, you are eligible to enroll when you return to work.

Your participation in the HSA and Childcare Subsidy does not automatically continue each year. You must make a new election for these plans during the open enrollment period before each plan year in order to participate.

Changes in Health Plan Enrollment and Childcare Subsidy Elections

Partners may be entitled to enroll in or make changes to their elections under the Plan at times other than during initial enrollment (when you are first hired) and annual enrollment. This document outlines the specific circumstances that will permit you to make midyear changes in enrollment for Schreiber health plan coverages.

Change in Status

You are permitted to modify or revoke your elections under a Schreiber health plan if you experience a change in status. Currently, federal law considers the following events to be a "change in status":

- Events that change your marital status, including marriage, death of spouse, divorce, legal separation, and annulment.
- Events that change your number of dependents, including birth, death, adoption, and placement for adoption.
- Events that change your, your spouse's or other dependent's employment status, including a termination or commencement of employment; a strike or lockout; commencement of or return from an unpaid leave of absence; a change in worksite; a change in employment status that would reduce hours so that the partner is expected to average less than 30 hours of service per week but for whom the reduction does not affect the eligibility for coverage under the Plan, and any other change in employment status that changes the individual's eligibility under the Plan or another employer-sponsored benefit plan covering you, your spouse or other dependent.
- Events that cause your dependent to satisfy or cease to satisfy eligibility requirements on account of age or similar circumstance.
- A change in the place of your, your spouse's or your dependent's residence.

In addition, there may be other events considered to be a change in status. Contact the Human Resources Department if you believe you may have experienced an event that may qualify as a change in status.

Any election based on a change in status event must be consistent with and on account of the change. **If you have a change in status and want to change your election, you must submit the life event through Workday within 30 days of the change in status (day one would be the date of the event). In addition, you must upload the appropriate documentation to Workday within 30 days of the change in status. Note that any elections made**

with respect to a change in status will be effective on the date of the life event, but only if the appropriate documentation is submitted in the timeframe outlined above.

Significant Changes in Coverage

If Schreiber adds or eliminates a health plan coverage option midyear, or if coverage is significantly limited or improved, you and your dependents may make corresponding election changes in your health plan coverage and the corresponding pre-tax payroll deductions for premiums.

For example, if coverage under a medical plan option is significantly reduced, participants enrolled in that option may be able to elect coverage under another medical plan option providing similar coverage if both plans permit such changes. If Schreiber adds a different HMO option midyear, participants may be able to drop their existing coverage and enroll in the new HMO. Additionally, eligible Partners who do not participate in the plan may be able to enroll in the new HMO option.

Significant Change in Cost

If your cost for your Schreiber health plan or your dependent care cost goes up or down significantly during the year, you may be able to change your coverage option or enroll in the Plan midyear. **If you decide to change your election due to a cost or coverage change, you must do so within 30 days of the effective date of the cost or coverage change.** Your approved election will be effective on the date of the cost/coverage change.

Any changes in the cost of your health plan or dependent care that are *not* significant will result in an automatic increase or decrease in your payroll deductions, as applicable, in your share of the total cost. You will not be allowed to make the election changes described above.

Changes in a Dependent's Coverage under Another Employer-Sponsored Plan

You may be able to make a midyear election change (including adding or dropping health plan coverage) that corresponds with a change made by you or your dependent under another employer-sponsored plan in the following circumstances:

- If the annual enrollment period under the other plan occurs at a time of year that is different from the Plan's enrollment period and if you or your dependent changes his or her elections under the other employer-sponsored health plan, you may make a midyear election change that corresponds with your or your dependent's election change.

- If the other employer-sponsored plan allows you or your dependent to change elections midyear, and if you or your dependent changes your elections, you may make a midyear election change that corresponds with that election change under the other employer-sponsored plan.

Changes in Partner or Dependent's Coverage under a Qualified Medical Plan through the Health Insurance Marketplace

You may be able to make a midyear election change to revoke your or your dependent's Schreiber medical coverage if you or your dependent becomes eligible for and intends to enroll in coverage under a qualified medical plan through the health insurance marketplace.

Medicare or Medicaid Entitlement

You may also change an election for health plan coverage midyear if you or your dependent becomes entitled to coverage under Medicare (Part A or Part B) or Medicaid. However, you are limited to *reducing* your plan coverage only for the party who becomes entitled to Medicare or Medicaid, and you are limited to *adding* plan coverage only for the party who loses eligibility for Medicare or Medicaid. **If you decide to change your election under these circumstances, you must do so within 30 days of the date the party becomes eligible for or loses eligibility for Medicare or Medicaid.** Your approved election will be effective on the eligibility date.

Judgment, Decree, or Order

You may revoke an election for coverage midyear and make a new election if you receive a valid Qualified Medical Child Support Order (a "QMCSO") that has been approved by Schreiber. A QMCSO is a judgment or order issued by a court or through a state law administrative process, usually as part of a settlement agreement or divorce decree that provides for support or health care coverage for a child of a covered person. You may receive, upon request and free of charge, a copy of the Plan's QMCSO procedures used to determine if a medical child support order is qualified.

HIPAA Special Enrollment Rights

HIPAA allows you and your eligible dependents to enroll for coverage outside of open enrollment, if you lose coverage or acquire newly eligible dependents, as described below. You may also elect to terminate coverage under a Schreiber health plan if your dependent becomes eligible for a state premium assistance subsidy from Medicaid or CHIP.

The loss of other coverage applies if you, your spouse or dependent, as applicable, meet both of the following conditions:

- You or your spouse, as applicable, was covered under other health insurance (including Medicaid, state children's health insurance program coverage (CHIP) when the Schreiber-provided coverage was first offered to you.
- You, your spouse or dependent, as applicable, lose that other coverage because:
    - Any rights to COBRA coverage were exhausted,
    - Employer contributions to the other coverage stop, or
    - You or your dependent is no longer eligible under that plan.

If you or your dependent loses other medical coverage due to these conditions, you may enroll yourself and your eligible dependents for coverage under the Plan.

When you acquire a newly eligible dependent spouse or child, you may enroll yourself, your spouse and eligible dependents. **To take advantage of these HIPAA rules on changing coverage, you must enroll yourself and/or your eligible dependents within 30 days of the event (or 60 days if the event is the eligibility for premium assistance from Medicaid or CHIP) and provide supporting documentation to Human Resources within 30 days of the event.**

Leaves of Absence

In certain cases, you are able to continue coverage under the Plan while you are on a leave of absence. If you are considering taking a leave of absence, contact your Human Resources Department representative to see if you can continue coverage.

Paid Leave

If you continue Plan coverage while you are on a paid leave, the required contributions will continue to be deducted from your paycheck.

Unpaid Leave

If you are on an unpaid leave, including leave under the Family and Medical Leave Act of 1993 ("FMLA") or the Uniformed Services Employment and Reemployment Rights Act ("USERRA"), you may continue to make your required contributions by pre-paying, on a pre-tax basis, the amount you will need to contribute during the period. You also may continue to make your required contributions by submitting after-tax payments during your absence on a schedule set by the Plan Administrator.

How Your Coverage Can End

Coverage Termination Events - Active Partners

Your Plan coverage ends on the earliest date indicated below:

- Your employment terminates;
- You are no longer in a class of Partners eligible for coverage;
- You fail to contribute your share of the cost of coverage;
- The Plan is terminated or amended such that it eliminates your coverage;
- You die; or
- You commit a fraud against the Plan.

Coverage Termination Events - Dependents

Your dependents' coverage ends at the earliest time indicated below:

- The Partner terminates employment;
- The Partner is no longer eligible for coverage or your dependent is no longer in a class of dependents eligible for coverage;
- You fail to make any required contributions for coverage;
- The Plan is terminated or amended and it eliminates your dependents' coverage;
- The Partner or dies; or
- The Partner or dependent commits a fraud against the Plan.

If You Leave Schreiber

If you leave Schreiber, you automatically stop participating in the Pre-tax Payroll Deduction Plan, the HSA and the Childcare Subsidy.

You cannot, under any circumstances, contribute to the Pre-tax Payroll Deduction Plan or the HSA through COBRA.

Once you terminate employment your HSA fees will no longer be paid by Schreiber. Upon termination, the HSA Administrator will charge the monthly service fees to the account holder. Any money in the HSA account belongs to the account holder upon termination.

Upon the partner's separation from employment with Schreiber, the Childcare Subsidy will end and the terminated partner will be fully responsible for all childcare payments.

Special rules may apply if you terminate employment and are later rehired. See your Human Resources Department representative for more information.

If You Die

If you die while participating in the HSA, your legal spouse will take ownership of the HSA upon your death (unless you have designated a non-spouse beneficiary). The HSA can then be used for eligible health expenses. If you elect a non-spouse beneficiary, the HSA balance would be treated and taxed as income upon your death.

Convenience and Tax Savings

Partners' Pre-tax Payroll Deduction Plan and the HSA offer convenience and tax savings. Your contributions are automatically deducted from your pay each pay period. And because your contributions are deducted from your pay before taxes are withheld, your taxable income is lower. That means you pay less in income taxes.

Automatic Payroll Deductions Make Budgeting Easy

When you choose to participate in the Schreiber health care plans and/or the HSA , you authorize Schreiber to deduct your contributions from your pay on a pre-tax basis. Your HSA contributions will be credited to your benefit each pay period.

Here's how the Pre-tax Payroll Deduction Plan works:

- During the annual enrollment period, you receive materials describing your benefits. If you enroll in any of Schreiber's health plans, you are automatically enrolled in the Pre-tax Payroll Deduction Plan with respect to the plans you elected.

- Your contributions to the Pre-tax Payroll Deduction Plan are automatically deducted from your pay beginning with the first paycheck you receive after January 1. Your contributions are the same as your health care premiums.

Here's how the HSA works:

- During the annual enrollment period, you will receive communication regarding your medical benefits and if you enroll in Schreiber health plan option that is a qualified high deductible health plan, you may participate in an HSA.

- If you elect a qualified high deductible health plan option and would like to open an HSA, you must accept the terms and service during the enrollment process to open the account.

- During the enrollment process, you will be able to elect a bi-weekly deduction amount that you would like to deposit in your HSA for the Plan year. You are allowed to contribute through bi-weekly payroll deductions up to $4,300 for single coverage and $8,550 for family coverage annually. Those partners that are age 55+ may contribute an additional $1,000 annually in catch up contributions. If you plan to qualify for the Schreiber wellness dollars you will need to take this into consideration when calculating your annual maximum to ensure you do not exceed the maximum. You may change the amount of your biweekly deduction as often as you like as long as you do not exceed the annual amounts. You do not need to make your own bi-weekly deduction to be eligible for Schreiber funding as outlined below.

- Complete your online enrollment by the enrollment deadline. Your contributions to your HSA will be deducted beginning the first paycheck you receive after January 1 or as designated by the Plan Administrator.

- The bank sponsoring the account is Optum Bank. Once you enroll in the HSA in Workday and Optum Bank opens your account, you will receive a debit card and a welcome packet mailed to your home address. You may need to provide additional documentation to open your HSA with Optum. If this happens and you do not provide documentation, the pending account will be closed, and any dollars deducted year to date will be returned to you. This means you will not be eligible to earn the HSA wellness dollars since you will not have an HSA account.

- The welcome packet will include the accountholder fee schedule. While the partner is an active partner, Schreiber will pay the HSA monthly service fee. Once employment is terminated or if the partner is not enrolled in a Schreiber medical plan, the account holder will be responsible for this fee. The account holder is responsible for all other fees such as excess contributions, ATM fees, cashier's checks, money orders, checks, non-sufficient funds, etc. The account will be in the name of the partner enrolled in the qualified health plan.

- You may use your HSA debit card to pay for qualified medical, dental, vision and prescription expenses incurred after you initially opened the account. You are responsible to keep all receipts for expenses in the event you are audited by the IRS. You do not need to provide receipts to Schreiber, Optum Bank, or any other vendor to verify HSA withdrawals.

Schreiber Funding for HSA

Partners enrolled in the Schreiber high deductible health plans may earn contributions that will be deposited into their HSA based on wellness program requirements (see the chart below which outlines contribution amounts). Wellness dollars can be earned in the following ways.

- Achieve 5 points in Asset Health by 11/30/25.
- Partners that are pregnant or have some other circumstance and are under the care of their physician may still earn the applicable points by satisfying a reasonable alternative standard (RAS) opportunity.
- The HSA deposits will occur approximately 4 weeks after achieving 5 points. The payout date for HSA wellness dollars matches the payroll schedule.
- See the chart below for additional detail.

Medical Tier on date of achieved wellness	Partners who achieve 5 points by 11/30/2025
Partner Only	$1,200
Partner+Spouse	$1,200
Partner+Child(ren)	$1,200
Family	$1,200

- Partners must have an account opened with the Schreiber HSA vendor to be eligible to receive the wellness dollars. The wellness payout will not be awarded past the final pay out date in the plan year if you failed to open your HSA account. No wellness dollars will be paid to a Partner on the high deductible health plans other than into such Partner's HSA as provided for under this Plan.
- Wellness amounts will not change mid-year due to life events. The amount deposited will be based on medical enrollment at the time the Asset Health file is processed to award the wellness dollars.
- Once Schreiber wellness dollars are achieved by Partner, the Partner will need to go into Workday to verify their contributions to date and make adjustments as necessary to not exceed the IRS maximum.

Saving the Pre-tax Way

Normally, you pay for your health care expenses after federal, state and Social Security taxes are withheld from your pay. Because your contributions to an HSA are deducted **before** taxes are withheld from your pay, your taxable income is lower, and you save money on income taxes.

Here are a couple of examples of how the Pre-tax Payroll Deduction Plan or HSA can help save money on taxes.

Example:

Let's assume Mark, who earns $3,333 a month ($40,000 a year), contributes $184 a month toward the cost of Schreiber health plan coverage and estimates that he will incur $180 in qualified health care expenses each month. As you can see from the example below, he would save $73 a month ($876 a year) in taxes by paying for these expenses through his Pre-tax Payroll Deduction Plan and HSA.

	Without Pre-Tax Plans	With Pre-Tax Plans
Monthly Pay	$3,333	$3,333
Pre-tax Contributions to:		
Pre-tax Payroll Deductions Plan		- 184
HSA		- 180
Taxable Pay	$3,333	$2,969
Income Tax* at 15% (for illustrative purposes only)	- 500	- 445
Social Security and Medicare Tax FICA at 7.65%	- 255	- 227
After-Tax Pay	$2,578	$2,287
After-tax Expenses:		
Health Care Premiums	- 184	
Health Care Expenses	- 180	
Take-Home Pay	$2,214	$2,287
Monthly Tax Savings		$73

**Does not include state taxes.*

Of course, your taxes and expenses may vary from year to year and your situation may be different. For example, you may find that you will have a tax benefit from itemizing your health care expenses. For more information, see the "*How Your HSA Works"* and section below. You should also ask your tax or financial advisor for an estimate of how much you could save in taxes by contributing to an HSA.

How Your Social Security Benefits Are Affected

Since contributions to the Pre-tax Payroll Deduction and HSA are deducted from your pay before taxes are withheld, your taxable pay is lower. While you benefit from lower income taxes, the Social Security taxes you pay are also reduced. As a result, the Social Security benefits you receive when you retire may be slightly lower.

For nearly all Partners, the annual tax savings from the Pre-tax Payroll Deduction Plan and HSA will more than offset the deduction in Social Security benefits. Plus, you can use your tax savings to boost your retirement income by investing them in the 401(k) Retirement Savings Plan.

For more information about how your pre-tax contributions affect your Social Security benefits, contact your local Social Security Administration office.

How Your Other Benefits and Pay Are Affected

Many of your benefits are based on your gross pay - the total pay you receive before any deductions are taken or taxes are withheld. So contributing to the Pre-tax Payroll Deduction Plan does not reduce your after pay-based benefits such as retirement, life and AD&D, or disability benefits. Likewise, any pay raises you receive in the future will not be reduced by your pre-tax contributions.

How The Pre-tax Payroll Deduction Plan Works

The Pre-tax Payroll Deduction Plan helps you pay for your health care premiums with pre-tax dollars. You are automatically enrolled in this Plan when you enroll in health care coverage. This section explains what the Pre-tax Payroll Deduction Plan does and does not cover. As stated earlier in this section, the IRS refers to this type of plan as a Premium Conversion Plan. However, for ease and clarity, we are referring to this Plan as the Pre-tax Payroll Deduction Plan.

What the Pre-tax Payroll Deduction Plan Covers

Your Pre-tax Payroll Deduction Plan covers the premiums associated with your and your dependents' coverage under Schreiber's health plans.

What the Pre-tax Payroll Deduction Plan Does Not Cover

Your Pre-tax Payroll Deduction Plan does not cover:

- Premiums for your spouse's employer-provided health care coverage (even if you waive coverage in Schreiber's health plans).
- Premiums for private health care coverage.
- Premiums or other benefits provided to Schreiber employees, such as disability or life insurance.

Deciding How Much to Deposit

Your contributions to the Pre-tax Payroll Deduction Plan are automatically the same as your health care premiums, depending on which combination of plans you choose to enroll in each year.

If your premiums decrease, your contributions to your Pre-tax Payroll Deduction Plan automatically decrease. If your premiums increase, your contributions automatically increase. If your premiums increase significantly or your health care coverage changes substantially during the year, you may change your current health care coverage (see the section describing such mid-year elections above).

How The HSA Works

The HSA helps Partners pay for health care expenses such as deductibles. This section explains what the HSA covers, what it does not cover, and how to get reimbursed from your account.

What Your HSA can Cover

Generally, you can use your HSA to help pay for *qualified health care expenses* not covered by your or your spouse's other health care benefit plans. This includes medical, prescription, dental and vision expenses. According to government regulations, eligible health care expenses are:

- For the diagnosis, prevention or relief of medical conditions -- not for your general well-being.
- Prescribed by a physician or necessary to a prescribed treatment.
- Primarily for medical reasons, rather than for recreation or enjoyment.
- Incurred since the account was opened (prepaid bills for treatment prior to the opening of the account cannot be reimbursed).

Here is a list of some of the qualified health care expenses that can be reimbursed from your HSA. For a complete list, please refer to IRS Publication 502. Remember, expenses covered by your and your spouse's health benefit plan are not eligible.

- Acupuncture.
- Anesthesia.
- Ambulance services.
- Artificial limbs.
- Automobile modifications (hand controls, mechanical lifts).
- Birth control pills.
- Braille books and magazines.
- Chiropractic services.
- Deductibles, co-payments and charges in excess of usual and customary fees for eligible expenses covered under your or your spouse's health care, dental and/or vision care plans.
- Dentist fees, dental treatments and dentures.
- Eye exams, contact lenses and eyeglasses.
- Hearing aids and hearing exams.
- Hospital and clinic bills.
- Membership in a cooperative health association, if medically necessary.
- Obstetrical and gynecological care.
- Oxygen equipment.
- Oral surgery and orthodontic care.
- Over the counter drugs and medications without a prescription
- Over the counter feminine care products
- Personal items, if medically necessary (closed-captioned TV, telephone for the deaf).
- Personal services, if medically necessary (seeing-eye dog, lip-reading lessons).
- Physician and nursing services.
- Physical exams.
- Prescription drugs.
- Psychiatric and psychological care.

- Psychoanalysis (fees for psychoanalysis required to become a psychoanalyst are not eligible).
- Rental of medical equipment.
- Support or corrective devices (wheelchair, crutches or orthopedic shoes).
- Surgery and related treatments.
- Therapy to alleviate a physical or mental condition or handicap (speech therapy, physical therapy).
- Vasectomy.
- X-rays and lab fees.

What Your HSA Does Not Cover

There are some health care expenses that are NOT considered qualified expenses. Some of these include:

- Athletic club expenses to keep physically fit.
- Bottled water, even if to avoid drinking fluoridated city water.
- Cosmetic surgery (except as the result of injury or congenital anomalies).
- Deductions from your wages for sickness insurance under state law.
- Divorce, even if recommended by a psychiatrist.
- Diaper service.
- Domestic help, even if recommended by a doctor because of a spouse's illness. (Part of the cost attributed to any nursing duties performed by a domestic is deductible.)
- Expenses deducted from your income taxes or paid by Schreiber's health plans.
- Funeral, cremation or burial, cemetery plot, monument, or mausoleum.
- Health programs offered by resort hotels, health clubs and gyms.
- Illegal operations and drugs.
- Marriage counseling fees.
- Maternity clothes.
- Patent medicines.
- Premiums, in connection with life insurance policies, paid for disability, double indemnity, or for waiver of premiums in event of total and permanent disability or policies providing for reimbursement of loss of earnings or a guarantee of a specific amount in the event of hospitalization. Premiums for your spouse's employer-provided health care coverage.
- Special food or beverage substitutes (excess cost of chemically uncontaminated foods over what would have ordinarily been spent on normal food is deductible for allergy patients).

- Commuting costs for a disabled person to and from work.
- Traveling costs to look for a new place to live, even if recommended by a doctor.
- Traveling costs to a favorable climate if you could live there permanently.
- Tuition and travel expenses to send a problem child to a particular school for a beneficial change in environment.
- Weight reduction or smoking cessation programs for general health, rather than for specific ailments.

If you are not sure whether your health care expense is eligible to be reimbursed from your HSA, contact your Human Resources Department Representative or the HSA Administrator.

Deciding How Much to Deposit

The IRS allows you to contribute up to $4,300 if you have single coverage or $8,550 if you have family coverage per year into your HSA (but note that this includes the amount that Schreiber may contribute to your HSA on your behalf). For individuals 55 years and older, you can deposit up to $5,300 for single coverage or $9,550 for family coverage.

Health Care Tax Deduction

If you itemize your deductions on your income taxes and have large health care expenses, you will want to decide whether to use your HSA or take a deduction on your income taxes. Keep in mind; you can only deduct medical expenses exceeding 7.5% of your adjusted gross income. With the HSA you get a tax break every time you use your account for qualified expenses.

Remember, any expenses reimbursed through your HSA cannot be taken as an income tax deduction. Consult your tax or financial advisor to see which is best for you.

Getting Reimbursed

You can receive reimbursement in one of two ways: you may use your HSA debit card to pay the provider at point of service or you may take a withdrawal (ACH/direct deposit, debit card, etc.) from your account.

Keep a copy of the explanation of benefits or receipts for all your qualified health care expenses. If you are ever audited by the IRS, you will be responsible for providing receipts to substantiate your HSA withdrawals. You do not need to submit any paperwork to Schreiber Foods or Optum Bank.

You can reimburse yourself for qualified health care expenses up to the amount you have deposited in the HSA. If you do not have enough in your HSA to cover the expense, you may reimburse yourself later after you have deposited the funds in your HSA.

Remember, any funds deposited in your HSA will rollover to the next plan year. You may save those funds in the HSA for as long as you would like.

How Your Childcare Subsidy Works

The childcare subsidy is offered at all US non-union locations. All reimbursements/ payments made under the Childcare Subsidy program will be reported in box 10 of the partner's Form W-2.

The Childcare Subsidy is available for eligible childcare expenses incurred by a Schreiber partner for dependent children who are verified in Workday as age 12 and under.

Schreiber will pay 50%, up to $1,000 of qualifying childcare expenses each month per eligible partner/household with an annual maximum payment/reimbursement of $5,000. Charges for registration, late fees or other one-time expenses are excluded from the program and are not considered eligible expenses for which reimbursement or payment will be made. Schreiber's payment (subject to the maximums described above) will be made directly to the provider through Tootris and will not be paid to the partner.

Enrollees will need to create a Tootris account by registering at tootris.com/Schreiber-foods. Once the account is created, the partner can search for and identify providers. If the partner's provider is not part of the Tootris network, they can submit a request to add their provider to the network.

Upon enrollment, should the partner qualify and have an existing balance, that portion will be automatically paid at time of billing. After which, any remaining balance with be paid by the partner.

If You Have a Claim

Claims and appeals under any benefit provided under this Plan that is not subject to ERISA, such as the HSA, will be reviewed by the Plan Administrator and decided in a uniform and nondiscriminatory manner. If your claim is denied, you may appeal the denial in writing within 60 days after the date you receive the denial notice.

Legal Rights

Right to Privacy

Your health information is highly personal, and the Schreiber Cafeteria Plan is committed to safeguarding your privacy. For more information on how the Plan protects your privacy and its right to use and disclose your protected health information ("PHI"), refer to the Notice of Privacy Practices ("Notice"). The Notice also explains how you may (i) access and amend your PHI, (ii) request an accounting of disclosures of your PHI, (iii) request restrictions on disclosures of your PHI, and (iv) request confidential communications of your PHI. If you would like a copy of the Notice, contact the Plan Administrator.

Right to Receive QMCSO Procedures

You may receive, upon request and free of charge, a copy of the procedures used to determine whether a medical child support order is considered qualified.

How the Plan Is Administered

Plan Administrator

Schreiber or its delegate is the Plan Administrator of the Plan. Schreiber has retained the services of independent Claims Administrators who are experienced in processing health benefit requests. If you incur covered expenses that have not been directly submitted for payment by your provider, you may submit your claim (with itemized billing describing your costs) to the appropriate Claims Administrator. The names and contact information for the Claims Administrator are set forth at the end of this SPD.

Discretionary Authority

The interpretation and operation of the Plan is vested solely in the Plan Administrator. The Plan Administrator reserves the sole right to determine eligibility, benefit entitlements and adjustments, to construe the terms and conditions of the Plan and to make final and binding decisions on the participant, and all who are drawing benefits through him/her, all other matters associated with the operation and administration of the Plan, in its sole discretion. Any tribunal reviewing any decision of the Plan Administrator will give deference to the decision of the Plan Administrator and shall not disrupt any such decision or finding unless it is determined that the Plan Administrator acted in an arbitrary and capricious manner.

Amendment/Termination of Benefit Plan

The Plan Administrator has the sole right at any time to modify, amend or terminate the Plan. If a Plan should be amended or terminated while you are covered by the Plan, you will be notified of the effect of such change on your coverage. No consent of any individual Partner or other person shall be necessary for the Plan Administrator to amend or terminate any Plan. In the event of the termination of a Plan, the rights of all persons covered by the Plan at the time shall be limited to benefit claims incurred as of the date the Plan terminated. The benefits provided by the Plan are not vested benefits.

Notwithstanding the foregoing, Schreiber or its delegate(s) has the discretion and the authority to adjust required deductibles, coinsurance, co-payments, out-of-pocket maximums, annual and lifetime benefit maximums, and covered session or visit limits, without need of formal written plan amendment. Such changes shall be set forth in a revised schedule of benefits for the appropriate Plan.

Administrative Information

1. Name of Plan Sponsor:

   Schreiber Foods, Inc.
   400 North Washington Street
   Green Bay, WI 54301
   (920) 437-7601

2. Plan name/number: Schreiber Foods, Inc. Cafeteria Plan; Plan Number 507

3. Agent for Service of Legal Process:

   Corporate Secretary
   Schreiber Foods, Inc.
   400 North Washington Street
   Green Bay, WI 54301
   (920) 437-7601

4. Employer Identification Number: 39-1017450

5. Type of Plan: Welfare Benefits Plan

6. Plan Year: The books of the Plan are kept on a calendar year basis, beginning on the Plan's Effective Date.

7. Plan funding: The Plan is funded through Partner contributions.

8. Plan Administrators

   HSA
   Optum Bank
   P.O. Box 271629
   Salt Lake City, UT 84127-1629
   1-866-234-8913

   Childcare Subsidy
   Tootris
   6170 Cornerstone Court East, Suite 330
   San Diego, CA 92121
   (866) 341-6363

Glossary

"Claims Administrator" means Schreiber or the committee, entity, or individual(s) that has the authority to determine claims under the Plan.

"ERISA" means the Employee Retirement Income Security Act of 1974, as amended, and the regulations promulgated and in effect thereunder.

"Partner" means an employee of Schreiber.

"Plan Administrator" means Schreiber Foods, Inc. or its delegate.

"Plan" means the Schreiber Foods, Inc. Cafeteria Plan, as set forth in this plan document and SPD.