2027 Annual Notices

Information about your rights and options

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Medicare Part D Notice

This notice explains your options for accessing prescription drug coverage if you are eligible for Medicare.

Important Notice from Schreiber Foods About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Schreiber Foods and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Schreiber Foods has determined that the prescription drug coverage offered by the following plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.
    - HDHP1
    - HDHP2
    - Surest

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Schreiber Foods coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Schreiber Foods is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a

Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Schreiber Foods prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Schreiber Foods and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Schreiber Foods changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage ...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 10/15/2026
Name of Entity/Sender: Schreiber Foods
Contact-Position/Office: Tina Kowalczk
Address: 400 N. Washington Street Green Bay, WI 54301
Phone Number: 920-455-6362

Women's Health and Cancer Rights Act

This notice describes benefits available to people who have had or will have a mastectomy.

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please refer to your plan documents for further coverage details. If you would like more information on WHCRA benefits, call your plan administrator at 920-455-6362.

Newborns' and Mothers' Health Protection Act

This notice explains the rights of mothers and newborns to stay in the hospital 48–96 hours after delivery.

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 920-455-6362.

HIPAA Notice of Special Enrollment Rights

This notice explains when you and/or your dependents can enroll in medical coverage outside of the annual open enrollment period.

If you decline enrollment in Schreiber Foods's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Schreiber Foods's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of the event. In addition, you may enroll in Schreiber Food's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for CHIP. If you request this change, coverage will be effective the date of the event. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

COBRA Health Continuation Notice

The notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to obtain this coverage. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. You can learn more about this option at www.healthcare.gov. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

If you are an employee of Schreiber Foods and are covered by any of the health plan options (which includes the medical, dental, vision plans, and the employee assistance plan) you have the right to elect COBRA continuation coverage for yourself (and your spouse and dependents to the extent that they would also lose coverage) if you lose this group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part), subject to the terms and conditions of the Plans. You may also have some additional rights if you lose this group health coverage while you are on a leave of absence to serve in the military – but any separate right(s) that you may have to receive COBRA continuation coverage (e.g., under the Uniformed Services Employment and Reemployment Rights Act) will be run in conjunction with any rights under COBRA.

The spouse of an employee, covered by the group health plans, has a separate right to elect COBRA continuation coverage for yourself (and your dependents under age 26 if they would also lose coverage) if you lose group coverage for any of the following reasons:

1) your employee spouse's death;
2) your employee spouse's termination of employment (for reasons other than gross misconduct) or reduction in hours of employment;
3) divorce from your employee spouse;

4) your employee spouse's entitlement to Medicare benefits.

A dependent child covered by the group health plan(s), has a separate right to elect COBRA continuation coverage (or if the child is under 26, a parent may exercise this right for the child) is his/her coverage is lost due to:

1) the parent's death;
2) parents' termination of employment (for reasons other than gross misconduct) or reduction in hours of employment;
3) parents' divorce;
4) parent's entitlement to Medicare benefits;
5) ceasing to be a "dependent child" as defined by the group health plan.

A child, who is born to or adopted by a former employee, while such partner maintains COBRA continuation coverage, is also entitled to elect COBRA continuation coverage. Such coverage will be treated as though it started on the same date as the former employee's continuation coverage for purposes of determining the child's maximum period of coverage. The former employee must comply with the same enrollment rules that apply to active employees in order to obtain coverage for such a child. Please note, if you lose group health plan coverage in anticipation of one of the above events, you may have the right to elect COBRA continuation coverage even if you had lost coverage prior to the event.

The employee or a family member must notify the health plan administrator (i.e., local Human Resources Representative and complete a Workday life event process) of a divorce, or a child losing dependent status under the group health plan. This notice must be given to the Company within 30 days after the later of the event or the date on which coverage would end under the plan due to such event. Schreiber will notify the health plan administrator of the partner's death, termination of employment (for reasons other than gross misconduct), reduction in hours of employment, or Medicare entitlement so that the appropriate notices can be sent.

When the health plan administrator is notified one of the COBRA qualifying events described above occurs, it will notify you that you have the right to choose COBRA continuation coverage. You have 60 days from the later of the date you would lose coverage (because of one of the events) or the date of this notice to you, whichever is later, to elect COBRA continuation coverage. **If you do not choose COBRA continuation coverage for yourself and/or covered dependents or you do not respond within this time period, group health plan coverage will end for yourself and/or your covered dependents.**

If you choose COBRA continuation coverage, your coverage will be the same as if you were still actively employed (or still the spouse or dependent of an actively employed plan participant). However, you must be eligible for coverage – and be covered by the plan – according to the plan at the time of the COBRA eligibility event; the plan administrator has the right to terminate COBRA continuation coverage retroactively if you are subsequently determined to be ineligible.

COBRA coverage can continue for up to 36 months unless you lost group health coverage because employment terminated, a reduction in hours or a leave for military service. In such cases, the maximum

COBRA continuation coverage period is 18 months. However, the 18-month period may be extended by 11 more months (29 months in total) if the COBRA participant (employee, spouse or dependent) is determined to be disabled (for Social Security disability purposes) at the time employment terminated or the reduction in hours or at any time within the first 60 days after such an event. The plan administrator must be notified by the individual of the determination of disability by the Social Security Administration within 60 days but not after the end of the original 18-month period. The plan administrator must be notified within 30 days of a final determination the individual is no longer disabled for Social Security purposes. The 18 (and 29) month period may be extended to a maximum of 36 months from the date employment terminated or hours reduced if another event (such as a death, divorce, legal separation or Medicare entitlement) occurs during that 18 (or 29) month period and while you maintain COBRA continuation coverage.

The COBRA continuation coverage period may be cut short if:

1) Schreiber no longer provides group health coverage to any of its actively employed partners;
2) the premium for your COBRA coverage is not paid on time;
3) you become covered by another group health plan
4) you become entitled to Medicare; or
5) COBRA coverage had been extended due to a disability and Social Security has determined you (or covered family member) is no longer disabled.

You will have to pay the full monthly premium for your continuation coverage plus an administrative fee equal to 2% of the monthly premium. The administrative fee will increase to 50% of the monthly premium for the 11-month extension on disability described above, with the higher administrative fee continuing if you have another event that allows you to extend continuation coverage from 29 months to 36 months. All premiums (and administrative fee) must be paid on or before the first day of the month to which the premium applies. There is, however, a 30-day grace period for all premiums, except the first premium which must be paid within 45 days after you elect continuation coverage (which includes the premiums due for coverage back to the date of the COBRA qualifying event and including the current month's premium). **Your continuation coverage will be terminated, and you will not be permitted to reenroll for coverage if you fail to pay any premium (including the appropriate administrative fee) in a timely manner.**

If you have any questions about this notice, COBRA continuation coverage rights or your health plans, please contact your local Human Resource representative. Please advise your local Human Resources representative if your current address changes or of any event that may entitle you or a coverage dependent or spouse to elect continuation coverage under federal law.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa For more information about the Marketplace, visit www.HealthCare.gov.

Notice Regarding Wellness Program

This notice explains that Schreiber Foods' wellness program is voluntary.

The Schreiber Health and Wellness Program is a voluntary program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

Partners enrolled in Schreiber's High-Deductible Health Plans who choose to participate in the wellness program will receive an incentive of $600 single/$1,200 family for completing their annual wellness exam and submitting documentation of that exam in Workday. The dollars will be deposited in the partner's Health Savings Account if they are enrolled in one of Schreiber's High-Deductible Health Plans and have a Schreiber affiliated Health Savings Account open at the time of payout. If the partner does not have an opened Health Savings Account, they will not receive payment.

Partners enrolled in the Surest Copay Plan who choose to participate in the wellness program will receive an incentive of $300 for all tiers of coverage for completing their annual wellness exam and submitting documentation of that exam in Workday. The partner will receive the payment on their pay advice which will be subject to taxes.

Partners enrolled in any Schreiber Health Plan must be active at the time of payment to receive the payment.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Schreiber will never disclose any of your personal information. Medical information that personally identifies you that is provided in connection with completion of your annual wellness exam will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are onsite health staff or benefits team members in order to administer the program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you as outlined under the HIPAA policies and procedures.

You may not be discriminated against in employment because of the medical information you provide as participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your local HR Representative or tina.kowalczyk@schreiberfoods.com.

ACA Disclaimer

This notice explains how insurance offered by Schreiber Foods affects your eligibility for premium subsidies through the ACA Exchange.

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.96% of your modified adjusted household income in 2026 (10.22% in 2027).

The 'No Surprises' Rules

This notice explains rules that protect you from unexpected large medical bills and limits on out-of-network charges for certain services.

The "No Surprises" rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you're no longer in need of emergency care. These are called "post-stabilization services." You shouldn't get this notice and consent form if you're getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

View a sample notice and consent form (PDF).

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

This notice describes premium assistance that may be available in your state for Medicaid-eligible dependents.

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov/.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility.

Alabama – Medicaid

Website: myalhipp.com
Phone: (855) 692-5447

Alaska – Medicaid

The AK Health Insurance Premium Payment Program
Website: myakhipp.com
Phone: (866) 251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid eligibility:
health.alaska.gov/dpa/Pages/default.aspx

Arkansas – Medicaid

Website: myarhipp.com
Phone: (855) MyARHIPP (692-7447)

California – Medicaid

Health Insurance Premium Payment (HIPP) Program
website: dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance
Phone: (916) 445-8322 | **Fax:** (916) 440-5676
Email: hipp@dhcs.ca.gov

Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado website:
healthfirstcolorado.com
Health First Colorado Member Contact Center: (800) 221-3943 (TTY: 711)
CHP+: hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: (800) 359-1991 (TTY: 711)

Health Insurance Buy-In Program (HIBI):
mycohibi.com
HIBI Customer Service: (855) 692-6442

Florida – Medicaid

Website:
flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp
Phone: (877) 357-3268

Georgia – Medicaid

GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: (678) 564-1162, press 1
GA CHIPRA Website:
medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: (678) 564-1162, press 2

Illinois – Medicaid

Illinois Medicaid Premium Assistance Information
Medicaid application website: abe.illinois.gov
HIPP Hotline Number: (217) 524-8268
HIPP Email: mhfs.boc.hipp@illinois.gov

Indiana – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: in.gov/medicaid
Website: in.gov/fssa/dfr
Family and Social Services Administration
Phone: (800) 403-0864
Member Services phone: (800) 457-4584

Iowa – Medicaid and CHIP (Hawki)

Medicaid website: hhs.iowa.gov/programs/welcome-iowa-medicaid
Medicaid phone: (800) 338-8366
Hawki website: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
Hawki Phone: (800) 257-8563
HIPP website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP Phone: (888) 346-9562

Kansas – Medicaid

Website: kancare.ks.gov
Phone: (800) 792-4884
HIPP Phone: (800) 967-4660

Kentucky – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: (855) 459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP website: kynect.ky.gov
Phone: (877) 524-4718
Medicaid website: chfs.ky.gov/agencies/dms

Louisiana – Medicaid

Louisiana Medicaid website: ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: (888) 342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website: ldh.la.gov/lahipp
LaHIPP phone: (877) 697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: (888) 716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000, Tucker, GA 30084

Maine – Medicaid

Enrollment website: mymaineconnection.gov/benefits
Phone: (800) 442-6003 (TTY: 711)
Private Health Insurance Premium webpage: maine.gov/dhhs/ofi/applications-forms
Phone: (800) 977-6740 (TTY: 711)

Massachusetts – Medicaid and CHIP

Website: mass.gov/masshealth/pa
Phone: (800) 862-4840 (TTY: 711)
Email: masspremassistance@accenture.com

Minnesota – Medicaid

Website: mn.gov/dhs/health-care-coverage/
Phone: (800) 657-3672

Missouri – Medicaid

Website: https://dss.mo.gov/healthcare/apply
Phone: (573) 751-2005

Montana – Medicaid

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: (800) 694-3084
Email: HHSHIPPProgram@mt.gov

Nebraska – Medicaid

Website: accessnebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

Nevada – Medicaid

Medicaid website: dhcfp.nv.gov
Medicaid phone: (800) 992-0900

New Hampshire – Medicaid

Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: (603) 271-5218
Toll free number for the HIPP program: (800) 852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

New Jersey – Medicaid and CHIP

Website: nj.gov/humanservices/dmahs/individuals-families/familycare
Phone: (800) 356-1561
CHIP Premium Assistance Phone: (609) 631-2392
CHIP phone: (800) 701-0710 (TTY: 711)

New York – Medicaid

Website: health.ny.gov/health_care/medicaid
Phone: (800) 541-2831

North Carolina – Medicaid

Website: medicaid.ncdhhs.gov
Phone: (919) 855-4100

North Dakota – Medicaid

Website: hhs.nd.gov/healthcare
Phone: (866) 614-6005

Oklahoma – Medicaid and CHIP

Website: insureoklahoma.org

Phone: (888) 365-3742

Oregon – Medicaid

Website: healthcare.oregon.gov
Phone: (800) 699-9075

Pennsylvania – Medicaid and CHIP

Website: pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: (800) 692-7462
CHIP website: dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP phone: (800) 986-KIDS (5437)

Rhode Island – Medicaid and CHIP

Website: eohhs.ri.gov
Phone: (855) 697-4347 or (401) 462-0311 (Direct RIte Share Line)

South Carolina – Medicaid

Website: scdhhs.gov
Phone: (888) 549-0820

South Dakota – Medicaid

Website: dss.sd.gov
Phone: (888) 828-0059

Texas – Medicaid

Website: hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: (800) 440-0493

Utah – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) website: medicaid.utah.gov/upp
Phone: (888) 222-2542
Email: upp@utah.gov
Adult Expansion website: medicaid.utah.gov/expansion
Utah Medicaid Buyout Program website: medicaid.utah.gov/buyout-program
CHIP website: chip.utah.gov

Vermont – Medicaid

Website: dvha.vermont.gov/members/medicaid/hipp-program
Phone: (800) 250-8427

Virginia – Medicaid and CHIP

Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select

Website: coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP phone: (800) 432-5924

Washington – Medicaid

Website: hca.wa.gov
Phone: (800) 562-3022

West Virginia – Medicaid and CHIP

Website: bms.wv.gov
Website: mywvhipp.com
Medicaid phone: (304) 558-1700
CHIP toll-free phone: (855) MyWVHIPP (699-8447)

Wisconsin – Medicaid and CHIP

Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: (800) 362-3002

Wyoming – Medicaid

Website:
health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: (800) 251-1269

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)
U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
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Illinois Consumer Coverage Disclosure Act

The Illinois Department of Labor requires employers who provide group health insurance coverage to employees in Illinois to provide all employees with a list of essential health insurance benefits regulated by the State of Illinois (provided below), as well as a comparison of which of those benefits are covered by Schreiber's group health insurance plans.

Employer Name:	Schreiber Foods
Employer State of Situs:	WI
Name of Issuer:	Schreiber Foods
Plan Marketing Name:	High Deductible Health Plan 1, High Deductible Health Plan 2 and Surest Health Plan
Plan Year:	2027

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020–2027 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				**Employer Plan**
Item	**EHB Benefit**	**EHB Category**	**Benchmark Page # Reference**	**Covered Benefit?**
1	Accidental Injury — Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes

5	Hospice	Ambulatory	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23–24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15–16	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	No
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/Ambulance	Emergency services	Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24–25	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25–26 & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes
20	Transplants — Human Organ Transplants (including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8–9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes

26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See All Kids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26–27	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29–34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31–32	Yes
36	Mammography — Screening	Preventive and Wellness Services	Pgs. 12, 15 & 24	Yes
37	Osteoporosis — Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12–13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22 & 35	Yes

Special Note: Under Pub. Act 102-0104, effective July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Essential Health Benefits are detailed in the Illinois Benchmark plan "The Access to Care and Treatment (ACT) Plan" and employer plan certificate of coverage. Benefits are cited within the employer plan certificate of coverage but may vary compared to the detailed benefits within the Access to Care and Treatment (ACT) Plan. Contact the employer plan's carrier or Third Party Administrator for details on benefits not detailed in the employer plan certificate.

Rev. October 8, 2026