TOBA Inc.

2026 BENEFITS GUIDE

At TOBA Inc., we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your TOBA Inc. benefits. If you have any questions, feel free to reach out to Courtney Alexander at **308-389-5992** or **calexander@tobafoods.com**.

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Eligibility and Enrollment

You are eligible to participate in TOBA's benefits if you are a full-time employee working at least 30 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse (On all lines except Medical if He/She is offered it elsewhere)
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

Your benefits begin on the first of the month following 60 days from your hire date.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 32-33 where Notice of Creditable Coverage begin for more details.

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- Death of a dependent

You have 30 days from the date of the event to contact HR and make the change. Keep in mind, the changes you make must be directly related to the event.
Please make an appointment with Enrollment Alliance so you can enroll online or with an enroller.

Medical Coverage

TOBA's medical plan will be administered through Auxiant. You have a choice of two medical plans through Auxiant, the Core Plan and the Buy Up Plan. Review the chart below for the amount you will pay for the medical service listed for the Core Plan.

CORE PLAN (HDHP)		
Auxiant / Midlands Choice or First Health		
	Tier 1 In-Network Providers	Tier 2 Out- of-Network Providers
Deductible Type	**EMBEDDED**	
Individual Deductible	$3,400	$6,400
Family Deductible	$6,600	$12,800
Coinsurance (amount you pay after deductible)	10%	50%
Individual Out of Pocket Maximum	$5,000	$15,000
Family Out of Pocket Maximum	$10,000	$30,000
Primary Care Office Services	$20 Copayment after deductible	Deductible / Coinsurance
Specialist Physician Office Services	$50 Copayment after deductible	Deductible / Coinsurance
Emergency Room	Deductible / Coinsurance	Deductible / Coinsurance
Lab / Imaging (MRI, X-Ray)	Deductible / Coinsurance	Deductible / Coinsurance
Inpatient Hospital – With Focus Health (Preferred Provider) **Inpatient Hospital –Without Focus Health (Non-Preferred Provider)**	Deductible / Coinsurance $1,000 Copay & Deductible / Coinsurance	Deductible / Coinsurance
Outpatient Hospital– With Focus Health (Preferred Provider) **Outpatient Hospital–Without Focus Health (Non-Preferred Provider)**	Deductible / Coinsurance $1,000 Copay & Deductible / Coinsurance	Deductible / Coinsurance
Mental Health Therapy	Deductible / Coinsurance	Deductible / Coinsurance

Finding In-network Providers

It is very easy to find a Midlands Premier network provider by using the online provider directory at **www.midlandschoice.com**. The online directory includes the most detailed provider information available. You may also call Midlands Premier at **1-800-605-8259.**

When seeking care outside the state due to traveling or attending school, your preferred provider network is First Health, First Health can be reached at **1-800-226-5116**. The provider directory can be found at **www.myfirsthealth.com**.

Medical Coverage

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BUY UP PLAN (PPO) Auxiant / Midlands Choice or First Health		
	Tier 1 In-Network Providers	Tier 2 Out- of-Network Providers
Deductible Type	**EMBEDDED**	
Individual Deductible	$1,400	$5,720
Family Deductible	$2,800	$11,440
Coinsurance (amount you pay after deductible)	20%	50%
Individual Out of Pocket Maximum	$2,140	$10,000
Family Out of Pocket Maximum	$4,280	$20,000
Primary Care Office Services	$10 Copayment	Deductible / Coinsurance
Specialist Physician Office Services	$25 Copayment	Deductible / Coinsurance
Emergency Room	$500 Copayment	Deductible / Coinsurance
Lab / Imaging (MRI, X-Ray)	$50 Copayment	Deductible / Coinsurance
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Medical Coverage Costs

Below is an overview of your medical costs.

	Core Plan (HDHP)	Buy Up Plan (PPO)
	Weekly	**Weekly**
Employee Only	$26.50	$41.00
Employee + Spouse	$88.50	$114.00
Employee + Child(ren)	$58.75	$82.75
Employee + Family	$104.75	$142.00

Prescription Drug Coverage

Prescription drug coverage through Prime is included with both of our medical plans. Review the chart below for the amount you will pay for the prescription drug service listed.

	CORE PLAN (HDHP)	BUY UP PLAN (PPO)
Retail (30-day Supply) Tier 1 Tier 2 Tier 3 Specialty	Deductible / Coinsurance	Tier 1: $10 Copayment Tier 2: $30 Copayment Tier 3: $50 Copayment Specialty: 20% up to $200 Maximum
Mail-order (90-day Supply) Tier 1 Tier 2 Tier 3	Deductible / Coinsurance	All Tiers are subject to deductible, then $0 Copayment

Generic Drugs

Generic drugs are FDA-approved and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

Regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs

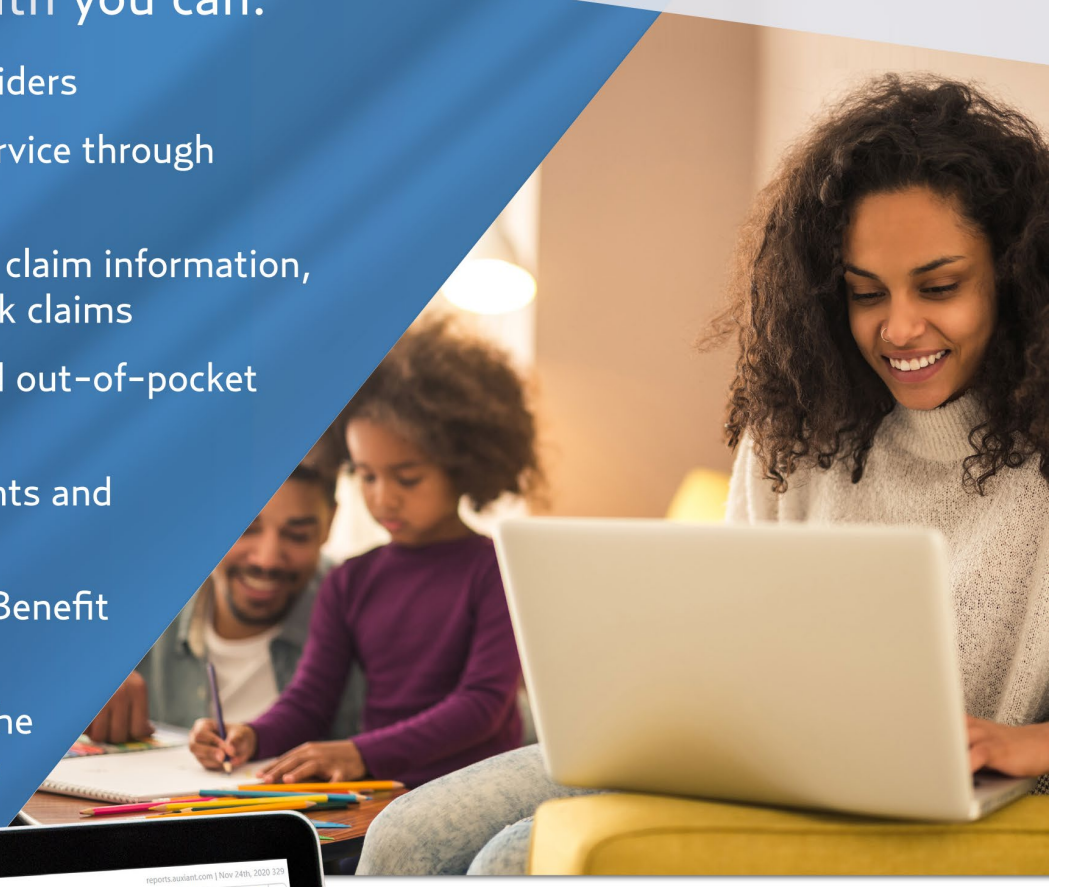
Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. Through our partnership with SmithRX, we may be able to secure special pricing for high-cost injectable medications like Humira. If you take an injectable medication and have questions, please contact SmithRX using the number on the back of your medical ID card.

Auxiant®

VISIT US ON THE WEB
auxiant.com

With AuxiantHealth you can:

- Link to network providers
- Contact customer service through Auxiant Live Chat
- View enrollment and claim information, print EOB's, and track claims
- View deductibles and out-of-pocket amounts
- Access plan documents and amendments
- Link to Prescription Benefit Manager
- Get information on the go via our mobile app



At Auxiant.com you have 24/7 access to your personal health care account information

Questions? Contact Auxiant at
1.800.475.2232

Live chat with Auxiant customer service, click Online Chat to begin

Auxiant®

Welcome Employees of TOBA, Inc.!

We would like to take this opportunity to welcome you to Auxiant. We are your new Third Party Administrator (TPA) effective January 1, 2026. In this letter, we will address questions that are commonly asked when changing insurance companies or third-party administrator.

What is a Third-Party Administrator (TPA)?

A TPA is the entity (such as Auxiant) contracted to set up and provide administration to the health plan, such as TOBA, Inc. A TPA is not an insurance company. Auxiant' s primary role is to process and pay claims (funded by the group and stop loss insurance) as instructed to by the group via the Plan Document, which outlines all medical benefits.

What do I need to know about my new ID cards?

New ID cards will be provided in December and will identify all information needed on the network providers, pharmacy benefits information, claim flow and contact information.

Some important notes to consider:

Present your new ID card to all of your providers. All providers include the pharmacy, physicians/clinics and hospitals. Use of the new Auxiant ID card will ensure prompt claims payment when going to a medical or pharmacy provider.

How do I find healthcare providers in the Network?

Your plan has partnered with Midlands Premier. This partnership will give you access to a network of doctors and facilities with great savings. You can get the most of out of your benefits by using providers that belong to the Midlands Premier. Provider that belong to the Midlands Premier network have agreed to provide a discounted fee making your benefits go further.

It is very easy to find a Midlands Premier network provider by using the online provider directory at www.midlandschoice.com. The online directory includes the most detailed provider information available. You may also call Midlands Premier at 1-800-605-8259.

When seeking care outside the state due to traveling or attending school, your preferred provider network is First Health, First Health can be reached at 1-800-226-5116. The provider directory can be found at www.myfirsthealth.com.

Some important notes to consider:

It is very important that you verify prior to any scheduled visit that your professional providers are in the network.

Where can I go to get my prescription filled?

Prime Therapeutics will be managing your prescription benefits. Please be sure to present the new Auxiant ID card to your pharmacist. To find a retail pharmacy in your area please call 800-424-0472 or visit them on the web at https://primetherapeutics.com. Please see the additional materials provided by Prime Therapeutics.

Present your new ID card to all of your providers. All providers include the pharmacy, physicians/clinics and hospitals. Use of the new Auxiant ID card will ensure prompt claims payment when going to a medical or pharmacy provider.

What happens to my claims incurred prior to January 1, 2026 that have not been processed yet?

If you have any outstanding medical bills with dates of service prior to January 1, 2026, those will continue to be processed by your current insurance company. Claims incurred starting January1, 2026 will be processed by Auxiant.

Present your new ID card to all of your providers. All providers include the pharmacy, physicians/clinics and hospitals. Use of the new Auxiant ID card will ensure prompt claims payment when going to a medical or pharmacy provider.

Who do I call to pre-certify my hospital stay?

Admission Notification is required for inpatient hospitalizations. For pre-certification call 866-726-6584. It is recommended that you or your doctor call at least 48 hours in advance of a scheduled Inpatient Hospitalization or within 48 hours or the first business day following an emergency admission.

Some important notes to consider:

Medical Necessity Review is also recommended on Chemo-Radiation therapy services prior to services being rendered.

Case Management – Auxiant is able to identify cases for early intervention through the claims and pre-certification process. A case manager may contact you to offer you guidance, education and assistance in understanding treatment plan.

How can I contact Auxiant?

Auxiant can be reached by phone at 800-475-2232 or online at www.auxiant.com. You will have access to your claim and benefit information via our website.

We look forward to servicing you in the future and please contact us at any time.

Important telephone numbers to have on hand:

Benefits and Eligibility, call Auxiant:	**800.475.2232**
Midlands Premier Provider Network:	**800.605.8259**
Pharmacy/Prescription Benefit through Prime Therapeutics:	**800-424-0472**
Pre-certification for Inpatient Stays:	**866-726-6584**

KISx Card is Vālenz® Health

Imaging & Surgery Simplified: Simply call (877) 438-5479

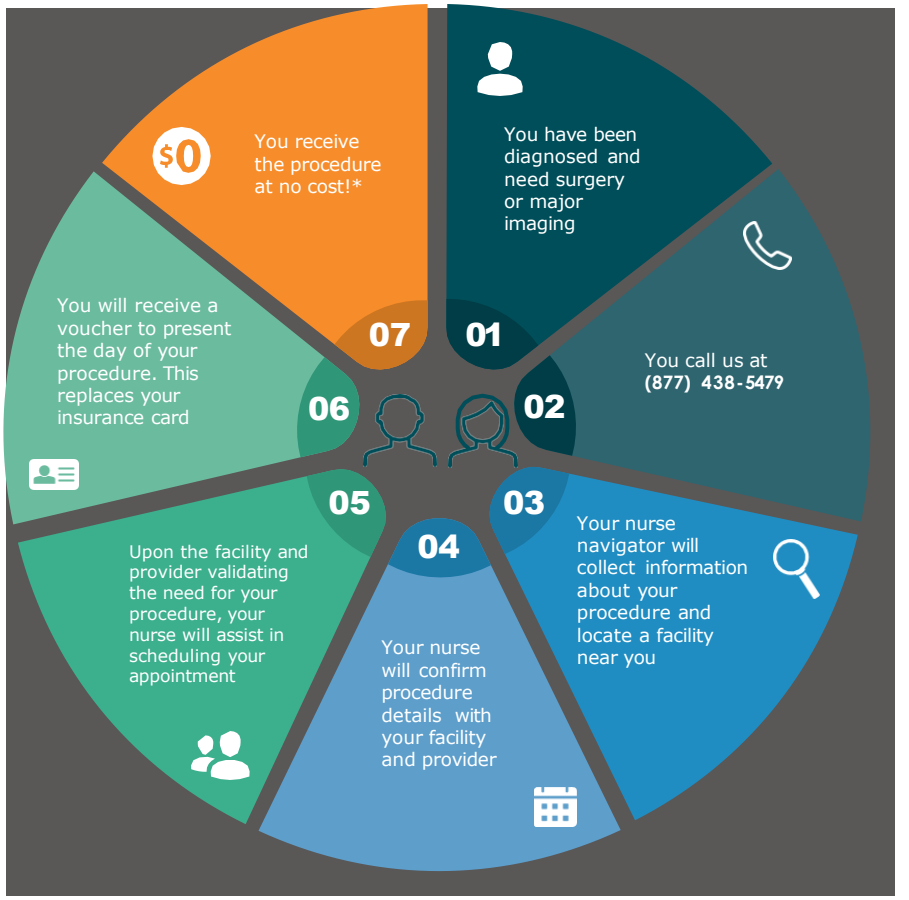
Get common imaging and surgical procedures at no cost* with our benefits. Take advantage today!

Before seeking in-network providers through your health plan, call us! By choosing one of our providers, you will always pay **$0***.

Common Procedures:

- Ankle & Foot
- Arthroscopy
- Colonoscopy
- ENT
- Elbow
- Gastroenterology
- General Surgery
- Hernia Repair
- Hip
- Imaging
- Knee
- Shoulder
- Spine
- Urology
- Wrist & Hand
- And More

*HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.



Vālenz HEALTH

KISx Card is Vālenz® Health FAQs

What Do Your Imaging and Surgery Benefits Offer?

Vālenz® Health offers affordable imaging and surgery benefits. Our cost containment solution saves **30-80% under average insurance pricing.** We handle more than **430 elective surgeries, colonoscopies and all major imaging.** As an added advantage, our care options are within **60 miles** of your home.

How Does It Work?

Our imaging and surgery benefits are implemented alongside your current self-funded health plan and employees call our navigators for any elective procedure prior to scheduling. This benefit is classified as an Out-of-Network benefit that has no cost to you.

How Much Does It Cost?

It is **NO COST to you** as your employer provides your imaging and surgical benefits as part of your medical plan.

How Far Will Employees Travel to a Provider?

We believe in a near care model that is designed to give you care options within 60 miles of your home. You have access to more than **1,600 surgical centers and 2,600 imaging centers nationally across 46 states**.

How Does This Work Alongside My Health Plan?

Our program is set-up as a **stand beside solution to your current health plan**. We add a plan amendment to your current SPD that classifies our benefits as **Out-of-Network benefits that have no cost to you**.

How Does This Work With an HSA or HDHP?

There is a special work around that occurs with an Health Savings Account or High Deductible Health Plan that allows your employer to extend imaging and surgical costs at no cost to employees.

- You may be asked to pay a portion of the procedure cost.
- Your employer would then reimburse you for that amount.

How Do Employees Utilize the Program?

Simply call our navigator at **(877) 438-5479** to find out more about your procedure and how the program works. We will assist you in finding the right facility nearby.

To qualify for these imaging and surgical benefits, you must schedule through our care navigator.

Call, schedule, save – for smarter, better, faster healthcare!

(877) 438-5479

Vālenz® HEALTH

FEDlogic

877-837-4196

Medicare & Benefit *Advocates*

2025 OPEN ENROLLMENT

MEDICARE

OCTOBER 15 - DECEMBER 7, 2024*

HEALTHCARE.GOV

NOVEMBER 1- JANUARY 15, 2025*

A team of experts, *ready to help.*

Your employer has partnered with FEDlogic to provide federal and state benefits information and advocacy to you and your household members. FEDlogic's team of experienced and compassionate experts offer their knowledge and guidance to help you discover and maximize your Social Security benefits. **Consultations are always free, unlimited, & confidential for you and your household members.**

TRUE EXPERT ADVOCACY

All FEDlogic experts have held adjudicatory or supervisory roles within the Social Security Administration for at least ten years. We have real experts with real experience.

PEACE OF MIND

Without education and advocacy, many people don't tap into all the benefits they've paid into. You'll have the peace of mind knowing you're getting all the benefits you deserve.

NOTHING TO SELL

FEDlogic is sponsored by your best-in-class employer. As an employee, FEDlogic's consulting services are completely free, unlimited, & confidential to you and your household members.

FEDLOGICGROUP.COM

SERVICES@FEDLOGICGROUP.COM

877-837-4196

Dental Coverage

TOBA offers dental coverage through UHC. Review the chart below for the amount UHC will pay for the dental service listed.

	United Healthcare
Annual Deductible (Individual/Family)	$100/$100 Per Enrolled Member (**Note: If you met the deductible; you will not need to meet the deductible again**)
Annual Maximum (Per Person)	$1,200
Preventive Care (Routine Cleaning and X-rays)	FREE
Basic Services (Fillings, Basic Root Canals)	80% after deductible
Major Services (Extractions, Crowns)	50% after deductible
Orthodontia (Children up to age 19)	Included
Orthodontia Lifetime Maximum (Per Person)	$1,000, dependent children only

	Weekly Premium
Employee	$5.93
Employee + Spouse	$12.01
Employee + Children	$16.75
Employee + Family	$22.83

Finding In-network Providers

United Healthcare offers national provider access. You save the most money when you choose in-network facilities and providers Log on to **www.UHC.com** to find a provider in the UHC network.

Vision Coverage

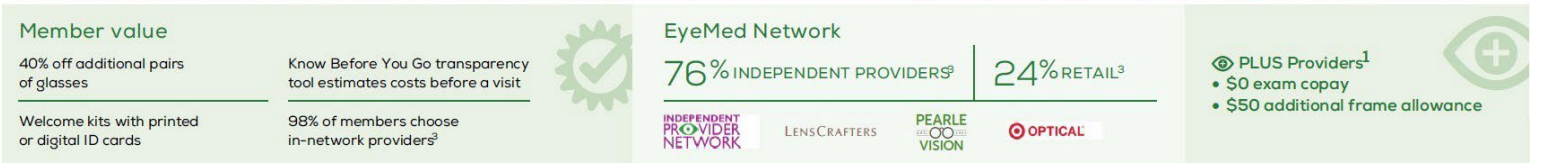
To keep you seeing your best, the vision plan provides coverage for eye exams, frames, lenses, and contact lenses.

You will receive the maximum level of benefits when you seek care from an EyeMed In-Network Provider.

Service	In Network Cost
Exam Frequency: Once every 12 months	$10 Copay
Frames Frequency: Once every 12 months	$0 Copay $130 Allowance
Lenses Frequency: Once every 12 months	Single Vision: $25 Copay Bifocal: $25 Copay Trifocal/Lenticular: $25 Copay Progressive Standard: $80 Copay
Contact Lenses Conventional Disposable Medically Necessary	$0 Copay $130 Allowance

	Weekly Premium
Employee	$1.51
Employee + Spouse	$2.87
Employee + Children	$3.02
Employee + Family	$4.44

Members can get exclusive additional discounts[2] and deals that are often stackable with their vision benefits at *eyemed.com/member*



Spending Accounts

Paying for Health Care

TOBA offers a Health Savings Account (HSA) so that you can set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses.

	Health Savings Account (HSA)
What medical plan can I choose?	HDHP (Core Plan)
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)
When can I use the funds?	Funds are available as you contribute to the account
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire)
How do I pay for eligible expenses?	With your Five Points Bank debit card (you can also submit claims for reimbursement online at www.5pointsbank.com)
How much can I contribute each year?	$4,400 for individual coverage or $8,750 for family coverage (this total includes company funding) in 2026
Can I change my contributions throughout the year?	Yes, please contact HR to make any mid year changes.

What Are the Tax Implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA ($1,000 per tax year) if you will be 55 years or older by December 31. Learn more at **www.5pointsbank.com**.

› Term Life Insurance

Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

We've Got You Covered

As an active employee of TOBA, Inc., you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.

BENEFITS	
Life Insurance Benefit Amount	For You: $15,000 For Your Spouse: $5,000 For Your Dependent Child(ren): Six months and older: $2,500 14 days to less than six months: $1,000 Less than 14 days: $200 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.
FEATURES	
Living Care/ Accelerated Death Benefit	50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $7,500.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Seat Belt - Airbag - Paralysis
Conversion	If your employment or class membership ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com.

› Voluntary Term Life Insurance

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Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES			
	Minimum	**Guarantee Issue**	**Maximum**
For You	$10,000	10 times annual salary, up to$100,000	$500,000, in increments of $10,000, but no more than 10 times annual salary
Spouse	$5,000	100% of employee's benefit, up to $50,000	100% of employee's benefit, in increments of $5,000, up to $250,000
Child(ren)	$10,000 Six months and older is the	100% of employee's benefit	100% of employee's benefit, in increments of $10,000, up to$30,000

	amount elected 14 days to less than six months is $1,000 Less than 14 days is $1,000		

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

BENEFITS	
Life Insurance Benefit Amount	Within the coverage guidelines defined above, you select the amount of life insurance coverage you want. This plan includes the option to select coverage for your spouse and dependent child(ren). Child(ren) include those 14 days old up to age 26. In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit. AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.
FEATURES	
Living Care/ Accelerated Death Benefit	50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $100,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to increase your coverage at your next enrollment by up to $10,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Seat Belt - Airbag - Paralysis
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment or class membership ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com.

Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of $10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
2) Find your age bracket in the far left column.
3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want $150,000 in coverage, you obtain your premium amount by multiplying the rate for $50,000 times 3.

EMPLOYEE PREMIUM TABLE (52 PAYROLL DEDUCTIONS PER YEAR)

Age	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
0 - 29	$0.27	$0.54	$0.82	$1.09	$1.36	$1.63	$1.91	$2.18	$2.45	$2.72
30 - 34	$0.34	$0.68	$1.02	$1.37	$1.71	$2.05	$2.39	$2.73	$3.07	$3.42
35 - 39	$0.37	$0.75	$1.12	$1.50	$1.87	$2.24	$2.62	$2.99	$3.36	$3.74
40 - 44	$0.46	$0.92	$1.38	$1.84	$2.30	$2.76	$3.21	$3.67	$4.13	$4.59
45 - 49	$0.65	$1.31	$1.96	$2.61	$3.27	$3.92	$4.57	$5.22	$5.88	$6.53
50 - 54	$0.96	$1.93	$2.89	$3.86	$4.82	$5.79	$6.75	$7.72	$8.68	$9.65
55 - 59	$1.74	$3.48	$5.23	$6.97	$8.71	$10.45	$12.20	$13.94	$15.68	$17.42
60 - 64	$2.64	$5.28	$7.91	$10.55	$13.19	$15.83	$18.46	$21.10	$23.74	$26.38
65 - 69	$5.01	$10.02	$15.04	$20.05	$25.06	$30.07	$35.09	$40.10	$45.11	$50.12
70+	$8.08	$16.17	$24.25	$32.34	$40.42	$48.50	$56.59	$64.67	$72.75	$80.84

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age,** so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of $5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (52 PAYROLL DEDUCTIONS PER YEAR)

Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
0 - 29	$0.14	$0.27	$0.41	$0.54	$0.68	$0.82	$0.95	$1.09	$1.23	$1.36
30 - 34	$0.17	$0.34	$0.51	$0.68	$0.85	$1.02	$1.20	$1.37	$1.54	$1.71
35 - 39	$0.19	$0.37	$0.56	$0.75	$0.93	$1.12	$1.31	$1.50	$1.68	$1.87
40 - 44	$0.23	$0.46	$0.69	$0.92	$1.15	$1.38	$1.61	$1.84	$2.07	$2.30
45 - 49	$0.33	$0.65	$0.98	$1.31	$1.63	$1.96	$2.29	$2.61	$2.94	$3.27
50 - 54	$0.48	$0.96	$1.45	$1.93	$2.41	$2.89	$3.38	$3.86	$4.34	$4.82
55 - 59	$0.87	$1.74	$2.61	$3.48	$4.36	$5.23	$6.10	$6.97	$7.84	$8.71
60 - 64	$1.32	$2.64	$3.96	$5.28	$6.60	$7.91	$9.23	$10.55	$11.87	$13.19
65 - 69	$2.51	$5.01	$7.52	$10.02	$12.53	$15.04	$17.54	$20.05	$22.56	$25.06

ALL CHILDREN PREMIUM TABLE (52 PAYROLL DEDUCTIONS PER YEAR)*

$10,000	$20,000
$0.46	$0.92

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

How Accident Insurance Works

(For Illustration Purposes Only)

Accident Coverage

This insurance pays a benefit for each injury, treatment or service included in the policy that occurs as the result of a covered accident.

For example, Jeff's son, Jake, was playing soccer during recess at school. He was tripped and falls hard, injures his shoulder, and is transported by ambulance to the ER due to concerns of head trauma. The ER doctor orders a CT scan to check for any facial or head injuries and a shoulder X-ray.

Jake was diagnosed with a concussion and a broken collarbone. His arm was set in a sling, and he was released to his pediatrician for follow-up care. Jake visits his pediatrician at two weeks and one month after the accident to make sure he's healing well.

In the meantime, Jeff starts receiving bills for the care Jake received. The ambulance bill alone was $556. He's a pretty healthy kid, so a health insurance deductible of $1,500 had to be met before Jeff's health insurance would begin covering Jake's care, and after that, there's a 20% copay.

Accident benefits pay in addition to other insurance, and can be used to help cover gaps in health insurance or other expenses if the unexpected happens.

BENEFITS	AMOUNT
Ambulance	$200
ER Visit	$150
CT Scan	$200
X-ray	$50
Concussion	$150
Broken Collarbone	$300
Follow-Up Visit 1	$75
Follow-Up Visit 2	$75
Total Benefit	$1,200

Note: The benefits shown in this example are for a sample design and may vary from the benefits that are available to you.

Voluntary Accident Premium Rates

The amounts shown below are **WEEKLY** amounts (52 payments / deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process. Premiums must be paid by you to the policyholder.

COVERAGE TIER	PREMIUM AMOUNT
Employee/Member	$2.39 ($0.34 per day)
Employee/Member + Spouse	$3.73 ($0.53 per day)
Employee/Member + Child(ren)	$5.09 ($0.73 per day)
Employee/Member + Family	$6.83 ($0.97 per day)

Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.

Voluntary Hospital Indemnity Insurance

When you're hospitalized, expenses can add up quickly.

Hospital stays can be stressful and having to worry about the high costs of hospitalization should not be part of the recovery plan. Hospital Indemnity insurance helps to ease your mind about handling hospitalization costs – even if they are not hospital bills.

A hospital indemnity insurance policy supplements your medical coverage and provides a cash benefit for hospital related fees you or an insured family member sustain as a result of being hospitalized. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of TOBA, Inc., you have hospital indemnity coverage for yourself and your family members, and premiums can be deducted from your paycheck. Hospital indemnity supplements your existing health insurance coverage by helping pay for out-of-pocket expenses incurred due to an injury or illness that may not be covered under other insurance plans.

Coverage guidelines and benefits are outlined below.

This insurance offers financial protection by paying a cash benefit if you or an insured dependent are hospitalized. The benefit amount payable is the same for you and your insured dependent(s).

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or child(ren) to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

BENEFITS	AMOUNTS
Hospital Admission & Confinement - Admission benefits are payable up to a combined total of 2 days per policy year and are not payable on the same day; Confinement benefits are payable up to a combined total of 30 days per policy year unless otherwise noted and are not payable on the same day as Hospital/ICU admission benefits.	
Hospital Admission	$1,000 per admission
Daily Hospital Confinement	$100 per day
ICU Admission	$2,000 per admission
Daily ICU Confinement	$200 per day
Daily Newborn Nursery Care Confinement (Up to 2 days per policy year)	$75 per day
SERVICES	
Hearing Discount Program	The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

VOLUNTARY HOSPITAL INDEMNITY PREMIUM RATES

The amounts shown below are **WEEKLY** amounts (52 payments/deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process.

COVERAGE TIER	PREMIUM AMOUNT
Employee/Member	$5.01 ($0.71 per day)
Employee/Member + Spouse	$11.53 ($1.64 per day)
Employee/Member + Child(ren)	$6.92 ($0.99 per day)
Employee/Member + Family	$13.84 ($1.97 per day)

Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.

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EMPLOYEE ASSISTANCE PROGRAM

Available Services When You Need Help the Most

TOBA, Inc.
G000CFQ4

Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone!

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap or call us: 1-800-316-2796

Basic EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	• An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments • Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters • Access to subject matter experts in the field of EAP service delivery
Counseling Options	• Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources • Additional community resources or possible counseling options come at the expense of the employee

Mutual of Omaha TOBA Inc.

Basic EAP Services *(Continued)*

Features	Value to Company and Employees
Access	• 1-800 hotline with direct access to a Master's level EAP professional • 24/7/365 services available • Telephone support available in more than 120 languages • Online submission form available for EAP service requests

Online Services	• An inclusive website with resources and links for additional assistance, including:
	  • Current events and resources
	  • Family and relationships
	  • Emotional well-being
	  • Financial wellness
	  • Substance abuse and addiction
	  • Legal assistance
	  • Physical well-being
	  • Work and career
	• Bilingual article library

Employee Family Legal Services	• Valuable resources available via website
	  • Legal libraries & tools
	  • Legal forms
	• 1 Legal consultation with an attorney per year (up to 30 minutes)
	  • 25% discount for ongoing legal services for same issue

Employee Family Work/Life Services	• Child care resources and referrals • Elder care resources and referrals
Employee Family Financial Services	• Inclusive financial platform powered by Enrich • Personal financial assessment tool • Personalized courses, articles & resource to meet financial needs • Ongoing progress reports on financial health
Employee Communication	• All materials available in English and Spanish
Eligibility	• Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	• EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Enrolling In Benefits

HOW TO ENROLL IN
YOUR BENEFITS

You are eligible to participate in the 2026 group benefit plans if you are an active full-time employee and scheduled to work at least 30 hours per week. Your benefits begin on the first of the month following 60 days from your hire date.

To make enrollment easier, you have the ability to enroll over the phone with one of our Enrollment Specialist. Please review the provided benefit information, and when ready, use the call in information below to enroll directly over the phone.

PHONE ENROLLMENT

Enrolling is as easy as 1-2-3.

1. Review benefits material.
2. When ready to enroll, phone the Call Center.
3. Our live enroller will enroll you directly over the phone.

If possible, please be in front of computer.

Benefits Call Center

877-282-0808

Monday-Friday 7:00am-5:00pm CST

www.tobafoodsbenefits.com

Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	Auxiant	800-475-2232	auxiant.com
Pharmacy	Prime Therapeutics	800-424-0472	www.primetherapeutics.com/member
Dental	UHC	800-445-9090	myuhc.com
Health Savings Account (HSA)	5 Points Bank	308-384-5350	www.5pointsbank.com
Life and AD&D	Mutual of Omaha	800-369-3809	Omaha.Service@mutualofomaha.com
Accident Insurance	Mutual of Omaha	800-369-3809	Omaha.Service@mutualofomaha.com
Hospital Indemnity	Mutual of Omaha	800-369-3809	Omaha.Service@mutualofomaha.com
Benefits Call Center	SMBO	877-282-0808	www.tobafoodsbenefits.com

Legal Notices

Women's Health & Cancer Rights Act

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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: CORE PLAN (HDHP) (Individual: 10% coinsurance and $3,400 deductible; Family: 10% coinsurance and $6,600 deductible)

Plan 2: BUY UP PLAN (PPO) (Individual: 20% coinsurance and $1,400 deductible; Family: 20% coinsurance and $2,800 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 308-389-5992 or calexander@Tobafoods.com.

Legal Notices

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

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, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**ALASKA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp 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+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

Legal Notices

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

Legal Notices

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

Legal Notices

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Legal Notices

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
TOBA Inc. is committed to the privacy of your health information. The administrators of the TOBA Inc. Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Courtney Alexander - Human Resources Manager at 308-389-5992 or calexander@Tobafoods.com.

HIPAA Special Enrollment Rights

TOBA Inc. Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the TOBA Inc. Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Courtney Alexander - Human Resources Manager at 308-389-5992 or calexander@Tobafoods.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Legal Notices

Notice of Creditable Coverage

Important Notice from TOBA Inc.

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 TOBA Inc. 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. **TOBA Inc. has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

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

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

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 current Plan Sponsor coverage may be affected. Moreover, if you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the person listed at the end of this notice for more information about what happens to your coverage if you enroll in a Medicare Part D prescription Drug Plan.

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 TOBA Inc. 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 TOBA Inc. changes. You also may request a copy of this notice at any time.

Legal Notices

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 www.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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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:	**January 01, 2026**
Name of Entity/Sender:	**TOBA Inc.**
Contact—Position/Office:	**Courtney Alexander - Human Resources Manager**
Office Address:	**2621 W Old Hwy 30**
	Grand Island, Nebraska 68803
	United States
Phone Number:	**308-389-5992**

Legal Notices

Marketplace Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1] [2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Legal Notices

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Courtney Alexander.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Legal Notices

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name TOBA Inc.		4. Employer Identification Number (EIN) 47-0793150
5. Employer address 2621 W Old Hwy 30		6. Employer phone number 308-389-5992
7. City Grand Island	8. State Nebraska	9. ZIP code 68803
10. Who can we contact about employee health coverage at this job? Courtney Alexander		
11. Phone number (if different from above)	12. Email address calexander@Tobafoods.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

  X All employees. Eligible employees are:
  You are eligible for benefits if you work 30 or more hours per week

  ☐ Some employees. Eligible employees are:

- With respect to dependents:

  X We do offer coverage. Eligible dependents are:
  Your legally married spouse. Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

  ☐ We do not offer coverage.

X If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

NOTES

This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.