



2026

Annual Enrollment Guide

For non-union associates

**ANNUAL ENROLLMENT IS
Thursday, October 9 – Thursday, October 23, 2025**

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**Get Ready to Win Well at
WinWellTogether.com!**

Being informed is the first step in making the most of your Company benefits. **WinWellTogether.com** connects you to crucial benefits information and provides access to tools, resources, summary plan descriptions and contact information from any smartphone, tablet or computer! Bookmark this site or save it to your Favorites bar for convenient access at any time.

Note: You will visit **myBBUbenefits.com** to make benefits elections during the Annual Enrollment period or following a qualified life event.

LEGAL NOTICES

There are several legally required notices that you should be aware of, as they may apply to you. You can find a copy of Bimbo Bakeries USA (BBU) and Bimbo QSR (referred to collectively as "Company") notices by navigating to the *Resources* section of your benefits website at WinWellTogether.com or by calling the Benefits Center at **1-888-60-myBBU (1-888-606-9228)** to request a copy be mailed to you.

About Your Medical Plan Options

The Company provides you with a Summary of Benefits and Coverage (SBC), which includes standard information about coverage under each medical plan option available to you. You can access the SBCs on WinWellTogether.com. The documents are available in the *Resources* section. You may also call the Benefits Center at **1-888-60-myBBU (1-888-606-9228)** to have copies mailed to your home.

Please note: The health care options offered by the Company are considered affordable and generally meet minimum value as defined by the Affordable Care Act (ACA). This means that if you decide to waive health care coverage offered by the Company and enroll under the government-sponsored health care marketplace, you will likely not be eligible for a government subsidy or tax credit. If you receive a subsidy while eligible for Company health care plans, you may be required to pay it back to the government.



Act Now!

Annual Enrollment is Thursday, October 9 – Thursday, October 23

- ✓ Annual Enrollment is your opportunity to **review your current benefit elections** and **decide what coverage will be best for you and your family** in the coming year.
- ✓ If you want to elect benefits for 2026, the deadline to complete your elections is **11:59 p.m. ET on Thursday, October 23, 2025**.
- ✓ **Use this guide** to help you understand your options for 2026 and the steps you need to take between now and October 23, 2025.

WHAT HAPPENS IF I DON'T TAKE ACTION DURING ANNUAL ENROLLMENT?

All current benefit elections and coverage levels will remain the same* next year at 2026 rates, with the exception of the Flexible Spending Accounts. **If you want to contribute to a Health Care or Dependent Care Flexible Spending Account**, you must enroll at myBBUbenefits.com or call **1-888-60-myBBU (1-888-606-9228)** by 11:59 p.m. ET on Thursday, October 23, 2025.

If you do not take action by October 23, you will not be able to make changes to your benefits until the next Annual Enrollment period in the fall of 2026 for coverage effective January 1, 2027, unless you experience a qualified life event, such as a marriage or birth of a dependent child, and report it within 31 days of your status change event.

Medical plans are changing in 2026. More information can be found on **page 7.*



2026 BENEFIT OPTIONS AND PAYCHECK CONTRIBUTIONS

Review the Personalized Enrollment Worksheet (PEW) received in your home mail* for a summary of 2026 benefits and costs for you and your covered dependents.

You can also visit the Annual Enrollment page at WinWellTogether.com starting October 9, 2025, for more information about your benefits. To make changes to your benefits, visit myBBUbenefits.com.

*Your PEW was sent to the home address on file. You can confirm your current address through the Company's Employee Self Service. You can access the digital version of your PEW by visiting myBBUbenefits.com and clicking the 2026 Annual Enrollment tile.

Don't Forget!

Take advantage of these existing programs, available to you and your family year-round at no cost to you.

Care Management



You and your covered family members enrolled in a BCBSIL medical plan can receive personalized help with navigating health care needs associated with your medical condition.

Employee Assistance Program (EAP)



Make use of SupportLinc's EAP offerings to receive 24/7 confidential support for life's challenges. Services include professional counseling, expert referrals and childcare resources.

Pelago



Quit tobacco, cut back on drinking* or overcome opioid use* with Pelago's scientifically proven techniques and expert coaches and counselors.

*Alcohol and opioid support are not available in all states. Visit pelago.health/bbu or call **1-877-349-7755** for more information.



What's Changing for 2026

The Company is committed to making thoughtful updates to your benefits offerings each year that balance a competitive benefits package with rising health care costs. These changes are designed to enhance the long-term sustainability of our programs while effectively managing costs. **These changes will be effective January 1, 2026.**

- ✓ **New! Well onTarget® Wellness and Fitness Program:** The Company is excited to introduce a new wellness program through Blue Cross and Blue Shield of Illinois (BCBSIL) called Well onTarget®. This program offers one-on-one virtual wellness coaching, fitness tracking, personalized tools, fitness membership discounts, a health assessment, incentives for completing healthy activities and more. Eligible associates and spouses enrolled in a Company medical plan can log in to bcbsil.com to access information on this **free** program.
- ✓ **Changes to Out-of-Pocket Maximum for Company Medical Plans:** There will be changes to the out-of-pocket (OOP) maximums for the Standard HSA and Enhanced HSA medical plans in 2026. For both Company medical plans, the in-network OOP maximums for individual / family will change to \$5,000 / \$10,000 (\$10,000 / \$20,000 for out-of-network) and from embedded to non-embedded. A non-embedded OOP maximum means there is one overall limit on out-of-pocket expenses for the entire family. This means for 2026, you and your covered family members must meet the family out-of-pocket maximum before the plan pays 100% of covered expenses for any family member.
- ✓ **New Prescription Drug Provider:** Blue Cross and Blue Shield of Illinois (BCBSIL) will replace Express Scripts® as the Company's prescription drug provider. You automatically receive prescription drug coverage through BCBSIL when you enroll in Company medical coverage. Please note the following:
 - You will receive a new ID card that includes both medical and prescription drug information, and will have access to one BCBSIL app to make managing these benefits easier.
 - The list of participating BCBSIL pharmacies and the BCBSIL drug list are similar to the current plan, but there may be some changes to your prescription coverage and participating in-network pharmacies. If there are changes that directly impact you, you will receive a letter from BCBSIL in November.
 - Kroger pharmacies will be added to the pharmacy network.
 - The BCBSIL specialty pharmacy network includes Accredo. Express Scripts® Pharmacy will remain the home delivery service. If you are currently using Express Scripts® mail order or filling specialty medications through Accredo, you may continue using your existing account.

If you would like to check if your current medications are on the new BCBSIL drug list or if your pharmacy will be in-network, please visit mybam.bcbsil.com. More details about the transition from Express Scripts® to BCBSIL will be provided in the coming months.
- ✓ **Company HSA Contributions:** Company contributions to your Health Savings Account (HSA) are currently made in one lump sum at the beginning of the calendar year. Beginning with the first paycheck in 2026, Company contributions will be made each pay period to your HSA account.
- ✓ **Supplemental Health Plan Enhancements:** Exciting updates are coming to our supplemental health benefits in 2026 — at no additional cost to you!
 - **Critical Illness Insurance** now includes nearly 50 newly covered conditions such as Alzheimer's, COVID-19, and Type 1 Diabetes. It also features increased recurrence benefits and a shorter waiting period between recurring diagnoses.
 - **Accident Insurance** has expanded to include new benefits like PTSD and emergency dental fillings, along with higher payouts for a wide range of treatments.
 - **Hospital Indemnity Insurance** now offers extended ICU coverage and new daily benefits for inpatient mental health and substance abuse treatment.
- ✓ **Changes to BCBSIL Personal Health Clinician Program:** If you or your enrolled spouse use a BCBSIL Personal Health Clinician for chronic condition management or other specialized care, these Clinicians will be called BCBSIL Health Advisors starting in January 1, 2026. You can contact a BCBSIL Health Advisor at **1-888-978-9034** beginning January 1, 2026.



Follow these steps between now and October 23, 2025:

VISIT [WINWELLTOGETHER.COM](https://winwelltogether.com) IF YOU WANT TO:

- ✓ **Find more information** on all your benefit offerings and what's changing this year.
- ✓ **Find more information** on the HSA and how it works.
- ✓ **Access** Annual Enrollment materials and call the Benefits Center at **1-888-60-myBBU (1-888-606-9228)** with any questions.

VISIT [MYBBUBENEFITS.COM](https://mybbubenefits.com) IF YOU WANT TO:

- ✓ Contribute to a **Health Care or Dependent Care FSA** in 2026.
- ✓ Start, change or stop your contribution to a **Health Savings Account** in 2026.
- ✓ **Review the Personalized Enrollment Worksheet (PEW)** received in your home mail for a summary of 2026 benefits and costs for you and your covered dependents.
- ✓ **Add or drop a dependent from your benefit coverage for 2026.** You will need to verify any newly enrolled dependents. For questions about dependent eligibility, contact the Benefits Center at **1-888-60-myBBU (1-888-606-9228)**.
 - Be sure to provide the required dependent verification paperwork and remove all dependents who are no longer eligible for coverage during Annual Enrollment.
 - You must provide documentation within 45 days of the close of the Annual Enrollment period (that is, December 7, 2025) that validates eligibility for newly enrolled dependent(s). Any unverified dependents will be dropped from Company benefits coverage. Contact the Benefits Center for instructions.
- ✓ **Choose or change your beneficiary(ies).** Instructions outlining how to verify dependents will be included in the confirmation statement mailed to your home in November.
- ✓ **Make any other changes** to your benefit elections for 2026.
 - Be sure to review your medical plan election; remember, the out-of-pocket maximum is changing for the Company medical plans in 2026. See [page 7](#) for more details.
 - Decide how much you want to contribute to your HSA on a per-paycheck basis. Remember, starting in 2026, the Company will fund your HSA on a per pay period basis.
 - If you're enrolled in Company medical coverage, be on the lookout for a new medical/prescription drug ID card for 2026 from BCBSIL in your home mail.





Take Action During Annual Enrollment:

THURSDAY, OCTOBER 9 - THURSDAY, OCTOBER 23

- ✓ When you're ready to enroll, **beginning October 9**, go to **myBBUbenefits.com** and click on the **2026 Annual Enrollment** tile. If you prefer, you may also call the Benefits Center at **1-888-60-myBBU (1-888-606-9228)** to review and make changes to your benefits.
- ✓ After you log in, click the **Get Started** button on the home page under the **Annual Enrollment: Your 2026 Benefits** box.
- ✓ On the **Get Started** tab, follow the prompts to review your dependents who are currently covered and enter information for any dependents you want to add or drop for 2026. During this step, you will also need to complete the tobacco status* and spousal surcharge certifications. If you are making changes to your tobacco status or spousal surcharge, you must fully complete and submit your 2026 enrollment for the changes to be applied.
- ✓ On the **Choose Benefits** tab, select the benefit plans and/or coverage levels you'd like to enroll in for 2026 and make sure to click **Select**. As you move through each benefit, from medical to dental to vision, etc. — you can review information on each of the benefits.
- ✓ On the **Complete Enrollment** tab, after you have selected all the benefits you want for 2026, you will have the chance to review your cart and the cost of benefits you selected.** Then, click **Complete Enrollment** and submit your elections by 11:59 p.m. ET on Thursday, October 23, 2025.
- ✓ Save or print your confirmation page indicating **Enrollment Submitted** for your records if you enroll or make changes online. After Annual Enrollment, you will receive a confirmation statement in your home mail detailing your 2026 benefit elections. Elections and changes made during Annual Enrollment will be effective January 1, 2026. Any discrepancies that you see on your confirmation statement must immediately be reported to the Benefits Center at **1-888-60-myBBU (1-888-606-9228)** for review.

*Your tobacco status is used to determine your contributions for critical illness and supplemental life insurance.

**Any Wellness Screening discounts will not be applied to the cost of benefits at Annual Enrollment. The discount will be visible on your confirmation statement, which is sent by early December.

After Annual Enrollment

You will receive a confirmation statement in your home mail detailing your 2026 benefit elections and reflecting your 2026 medical plan premium discounts. Elections and changes made during Annual Enrollment will be effective January 1, 2026. If you are newly enrolled in the Standard HSA or Enhanced HSA, or a Flexible Spending Account, you will receive a welcome kit from HealthEquity later this year. All associates enrolled in a Company medical plan will receive a new medical/prescription drug ID card for 2026. Discrepancies with confirmation statements should be reported to the Benefits Center immediately.

QUESTIONS?

Call the Benefits Center at **1-888-60-myBBU (1-888-606-9228)** if you have any questions. The enrollment site will also offer you the opportunity to chat online with a Benefits Center representative! Beginning October 9, 2025, chat is available from Monday to Friday, 9:00 a.m. to 7:00 p.m. Eastern Time.

FAMILY STATUS CHANGE BETWEEN NOW AND THE END OF THE YEAR?

Call **1-888-60-myBBU (1-888-606-9228)** to speak to a Benefits Center Representative to update your 2026 benefits.

Download the Benefits Center's **myPlans Connect app**, powered by Telus (Code: BBAK01) to make your enrollment experience even easier!

Apple App Store:



Google Play Store:





Medical Benefits

The Company offers two medical plan options administered by Blue Cross and Blue Shield of Illinois (BCBSIL): the **Standard HSA** and the **Enhanced HSA**. Annual Enrollment is your opportunity to switch plans, add an eligible dependent or elect coverage if you're not currently enrolled. Changes to the plan designs for 2026 are noted in red and bold.

The Standard HSA and Enhanced HSA have similar plan designs, including prescription drug coverage, a tax-deductible Health Savings Account (HSA), the same out-of-pocket maximum and 100% coverage for in-network preventive care. The plans differ by their deductibles, coinsurance, member responsibility and paycheck contributions.

See the chart below for details about the plans and Company contributions to the HSA. All family members that you cover for medical care will share one HSA. That's why the amount the Company contributes to your account if you elect You + Family coverage is larger than the amount the Company contributes if you elect You Only coverage.

PLAN FEATURE		STANDARD HSA PLAN	ENHANCED HSA PLAN
You Only	Paycheck Contribution	Lower	Higher
	Deductible*	In-network: \$3,000 Out-of-network: \$6,000	In-network: \$2,000 Out-of-network: \$4,000
	HSA Contribution	The Company contributes \$550**	The Company contributes \$750**
	Coinsurance (what you pay)	In-network: 30% Out-of-network: 50%	In-network: 20% Out-of-network: 40%
	Out-of-Pocket Maximum (what you pay)	In-network: \$5,000 Out-of-network: \$10,000	In-network: \$5,000 Out-of-network: \$10,000
You + Family	Paycheck Contribution	Lower	Higher
	Deductible*	In-network: \$6,000 Out-of-network: \$12,000	In-network: \$4,000 Out-of-network: \$8,000
	HSA Contribution	The Company contributes \$1,100**	The Company contributes \$1,500**
	Coinsurance (what you pay)	In-network: 30% Out-of-network: 50%	In-network: 20% Out-of-network: 40%
	Out-of-Pocket Maximum*** (what you pay)	In-network: \$10,000 Out-of-network: \$20,000	In-network: \$10,000 Out-of-network: \$20,000

Note: If you are a part-time associate working less than 30 hours a week who is currently enrolled or has been enrolled in Company health care benefits since January 1, 2014, and you waive coverage during Annual Enrollment or at any point in the future, you **cannot** re-enroll as a part-time associate.



LEARN ABOUT MEDICAL ALLY: IT'S FREE AND CONFIDENTIAL

Medical Ally is a free and confidential resource that provides you with surgery decision support and expert medical opinions. Medical Ally is not part of your health insurance, does not authorize medical claims and does not share your medical information with the Company. See **page 14** for more details.

*All eligible charges count toward the deductible and both in-network and out-of-network out-of-pocket maximums. Out-of-pocket maximums listed only apply to reasonable and customary charges and may be higher than the out-of-network amount indicated.

**For 2026, you can contribute a total of \$4,400 for single coverage or \$8,750 for family coverage, including the Company's contribution. If you are age 55 or older in 2026, you may contribute an additional \$1,000 in catch-up contributions.

***In 2026, you and your covered family members must meet the family out-of-pocket maximum before the plan pays 100% of covered expenses for any family member.



Medical Benefits (continued)

FIND A MEDICAL PLAN PROVIDER

When you enroll in one of the Company's medical plan options, you will have access to participating health care providers and facilities in the National BlueCard® PPO network.* To see if a doctor is in-network, visit bcbsil.com and click "Find a Doctor", or call BCBSIL's Customer Service at **1-877-239-7449**, 9:00 a.m. to 7:00 p.m. ET, Monday through Friday.

*Alternative networks may be used in Florida, Georgia, Wisconsin, New Jersey, New York, Maryland, District of Columbia, Oklahoma and Kansas City, MO.



SPOUSAL SURCHARGE

If your spouse is eligible for medical coverage through their employer but chooses to be covered under a Company medical plan, a \$1,000 annual surcharge, divided equally among paychecks, will be applied to your 2026 medical contributions.

During this year's Annual Enrollment, you will be asked to verify your spouse's access to employer-provided medical coverage. If you are covering a spouse for 2026, you will be directed to review the online certification indicating whether or not your spouse is eligible for medical coverage through their own employer.

If you do not complete Annual Enrollment for 2026, your spousal surcharge will default to what you elected for 2025.

You must finalize your Annual Enrollment elections in this session to ensure the spousal surcharge has been applied correctly for the 2026 plan year. At the end of the Annual Enrollment process, you will see confirmation of whether the spousal surcharge has been applied.

You can also verify your spousal surcharge status via your Annual Enrollment Confirmation Statement received in your home mail at the end of November.

APPROACHING MEDICARE ELIGIBILITY? GET A MEDICARE CONSULTATION THROUGH HTA

HTA can help you learn about Medicare and how it works so you can make confident Medicare decisions. This resource is provided at no cost to you, and includes:

- ✓ **Personalized guidance** from a licensed Medicare client services team member to help you every step of the way
- ✓ **A detailed overview of your coverage options**, including Original Medicare Part A & B, Medicare Advantage plans, Medicare Supplement Insurance and Medicare Part D prescription drug coverage
- ✓ Help reviewing your **Medicare plan selections and enrollment options**
- ✓ **Answers to questions** such as whether to enroll or defer Medicare Part B if you aren't retiring at age 65, and what happens when you and your spouse do not turn 65 at the same time

After your phone consultation, HTA will send you a detailed summary email and an action plan based on your health and wellness needs and situation. Plus, you'll have unlimited phone support for future questions and assistance.

You do not need to be enrolled in a Company medical plan to use HTA. You can use this service for a family member or friend, too! Call HTA at **1-610-430-6650, Option 1** to complete a brief intake session and schedule a Medicare consultation.



Medical Benefits (continued)

HOW THE MEDICAL PLANS AND HSA WORK

The Company’s plans are designed to encourage you to take an active role in your health care decisions. You select a provider — either in-network or out-of-network — each time you need care. Your out-of-pocket costs are less when you receive care in-network (see below) because the plan pays a greater percentage of the cost and you are charged lower fees.

PLAN DEDUCTIBLE (Associate Pays)		SHARED MEDICAL EXPENSES (Associate and the Company Pay)	100% COVERAGE (the Company Pays)
HSA You decide if you want to pay for expenses with HSA funds or from your own pocket. Find out more about the HSA on page 15 .	Member Responsibility You pay out-of-pocket or from your available HSA funds for expenses until you reach the deductible.	After you reach your deductible, the Company pays 70% (Standard HSA) or 80% (Enhanced HSA) of the cost of medical and prescription drug expenses.	When you reach your annual out-of-pocket maximum, the Company pays 100% of additional covered medical and prescription drug expenses.
PREVENTIVE CARE			
Preventive care is always covered at 100%.*			

Note: If you do not use all of your HSA funds during the year, they will roll over and can be used to reimburse out-of-pocket expenses for future health care costs.

**If you use an out-of-network provider for preventive care services, you are responsible for paying any charges above Reasonable and Customary (R&C) Charge limits for those services. These charges will not apply to your deductible or out-of-pocket maximum.*

WANT CARE ANYTIME AND ANYWHERE?
ACCESS TELEHEALTH VIRTUAL VISITS THROUGH MDLIVE

If you are enrolled in a Company medical plan, you have access to a convenient telehealth benefit through MDLIVE. MDLIVE provides an alternative to traditional doctor visits for non-urgent care or behavioral health visits by offering 24/7 access to board-certified doctors through video or phone consultations. MDLIVE is a helpful option if your doctor is unavailable, one of your family members is sick after hours, or you’re on vacation or away from home. Plus, you will save time: each consultation is only about 15 minutes and you don’t have to worry about getting to or from your appointment or sitting in a waiting room.

Access MDLIVE if you or a covered dependent needs treatment for non-urgent medical conditions, such as:

- Cold and flu symptoms
 - Allergies
 - Bronchitis
- Urinary tract infections
 - Respiratory infections
 - Sinus problems
- Short-term prescriptions
 - Behavioral health issues*
 - Anxiety/depression*
- Child behavioral/learning issues*
 - Marriage problems*
 - And more

In addition to offering more flexibility than traditional office visits, MDLIVE makes it easy to save money when you need care. Each general medical consult is \$48 until you meet your plan deductible, and then fees will be based on coinsurance.

Learn more at mdlive.com/bcbsil.

**Additional costs may apply for these services.*



Medical Benefits (continued)

PRESCRIPTION DRUGS

Beginning in 2026, you automatically receive prescription drug coverage through Blue Cross and Blue Shield of Illinois (BCBSIL) when you enroll in Company medical coverage. Prescription drugs are covered like any other medical expense under the Standard and Enhanced HSA plans. You pay the full cost for prescription drugs with money from your HSA or out-of-pocket until you meet your deductible. Once you meet your medical plan deductible, you pay coinsurance for eligible prescription drug costs, as detailed in the chart below. Once you reach your medical plan's out-of-pocket maximum, the plan will cover eligible prescription drug costs at 100% for the rest of the year. Certain preventive care medications are not subject to the plan's deductible and you only pay coinsurance. **Note:** As of October 15, 2025, the Company will no longer cover GLP-1s for weight loss.

	STANDARD HSA	ENHANCED HSA
Retail (30-day supply)		
Generic/Preferred	You pay 30% up to \$125 maximum, after deductible	You pay 20% up to \$125 maximum, after deductible
Non-Preferred	You pay 50%, after deductible	You pay 40%, after deductible
Mail-Order (90-day supply)*		
Generic/Preferred	You pay 30% up to \$250 maximum, after deductible	You pay 20% up to \$250 maximum, after deductible
Non-Preferred	You pay 50%, after deductible	You pay 40%, after deductible

*If you do not use mail-order for long-term or ongoing medications after an initial fill and two refills, **you pay 100% of the total cost of the drug.**

Preventive Care Drugs

Certain preventive care medications are not subject to the plans' deductible and you only pay coinsurance. For example, if you take albuterol for asthma or metformin for diabetes, you only pay the applicable coinsurance at the pharmacy, even if you haven't yet met your plan's deductible.

Mandatory Generic Drugs

If you choose to purchase a brand-name prescription drug (preferred or non-preferred) when a generic equivalent is available, you will pay 20% or 30% of the generic prescription cost and 100% of the difference in discounted costs between the brand-name and generic prescription. The difference in cost will not be applied toward your deductible or out-of-pocket maximum.

The Company offers **Rx Savings Solutions (RxSS)**, which can help you identify opportunities to save on prescription drugs with the help of a user-friendly website, convenient mobile app and direct alerts. Find out more on [page 14](#).





Dental Benefits

You can choose from two dental plans in 2026 — the Standard or High option, both administered by Delta Dental. Both plans cover preventive dental care — including exams, cleanings and X-rays — at 100%, with no additional cost to you. The Company also pays 100% for one extra preventive cleaning for women anytime during pregnancy.

	STANDARD		HIGH	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Dental Deductible (separate from your medical/prescription drug deductible)	\$75 individual \$150 family	\$100 individual \$200 family	\$100 individual \$200 family	\$125 individual \$225 family
Covered Services (age limits apply to some services)				
Preventive/Diagnostic (exams, cleanings, fluoride, sealants, X-rays, consultations and space maintainers)	Covered at 100%, you pay nothing			
Basic (fillings, root canals, oral surgery, denture repair and relining and treatment of gum disorders)	You pay 20% after deductible			
Major (crowns, dentures, bridges, inlays, onlays and occlusal guards)	You pay 50% after deductible			
Annual Maximum (applies to basic and major services only)	Plan pays \$1,000 per person		Plan pays \$2,000 per person	
Orthodontia (for dependent children up to the month they reach age 19)	You pay 50% after deductible			
Orthodontia Lifetime Maximum	Plan pays \$1,500 per person		Plan pays \$2,500 per person	
TMJ Lifetime Maximum	Plan pays \$1,000 per person			

Note: You pay coinsurance on the lesser of Delta Dental's Maximum Plan Allowance or the dentist's actual charges.



Vision Benefits

The Company will continue to offer you a choice of two vision plan options in 2026. The Company's vision plans help cover the cost of eye exams, contact lenses and eyeglass frames and lenses. You may receive care from any eye care provider you choose; however, both plan options cover more when you receive care from a VSP in-network provider.

VSP offers a huge network of independent private practice doctors, more than 700 Visionworks® retail locations nationwide, popular retailers (e.g., Pearle Vision, Walmart, Sam's Club, Costco, My Eye Dr. and Cohen's Fashion Optical) and an online option through Eyeconic®. VSP members can shop the latest designer glasses and name-brand contacts online at eyeconic.com with their VSP benefits.

You may choose between the Standard and High Vision Plans.

	STANDARD VISION PLAN		HIGH VISION PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exams (once every calendar year)	\$10 copay	Reimbursement up to \$45	\$10 copay	Reimbursement up to \$45
Frames and Materials* (once every calendar year)	After \$20 copay, you receive \$150 retail frame allowance or \$170 featured frame allowance (20% discount on amount over the allowance); \$80 frame allowance at Costco and Walmart	Reimbursement up to \$70	After \$20 copay, you receive \$200 retail frame allowance or \$250 featured frame allowance (20% discount on amount over the allowance); \$110 frame allowance at Costco and Walmart	Reimbursement up to \$70
Eyeglass Lenses (once every calendar year)	Polycarbonate lenses, standard progressives lenses and scratch coating are included in the \$20 materials copay (discounts on all other lens options)	Reimbursement of: \$45 (Single) \$65 (Bifocal) \$85 (Trifocal) \$125 (Lenticular)	Polycarbonate, standard progressives and tinted/light-reactive lenses are included in the \$20 materials copay (discounts on all other lens options)	Reimbursement of: \$45 (Single) \$65 (Bifocal) \$85 (Trifocal) \$125 (Lenticular)
Kids Care Plan	- Two comprehensive eye exams with \$10 copay - An additional pair of lenses if necessary, with minimum prescription change	N/A	- Two comprehensive eye exams with \$10 copay - An additional pair of lenses if necessary, with minimum prescription change	N/A
Easy Options (each family member can select one of the upgrades)	N/A	N/A	Additional \$100 frame or contact lenses allowance or premium/custom progressive lenses covered in full or anti-glare coating covered in full	N/A
Contact Lenses (once every calendar year in lieu of frames and eyeglass lenses)	Copay not to exceed \$60 for contact lens exam; \$150 contact lens allowance	Reimbursement up to \$150	Copay not to exceed \$60 for contact lens exam; \$200 contact lens allowance	Reimbursement up to \$105
Medically Necessary Contact Lenses	Covered in full after applicable copay	Reimbursement up to \$210	Covered in full after applicable copay	Reimbursement up to \$210

*VSP members can also take advantage of discounts on laser vision correction or additional pairs of glasses.



Disability Insurance

Unexpected circumstances arise at inconvenient times, but disability benefits can help you cover your expenses. The Company pays for Short-Term Disability (STD) and basic Long-Term Disability (LTD) to cover an eligible, non-work-related injury or illness.

- ✓ **Hourly Non-Union Associates:** STD provides you with 60% of your weekly base pay, up to a maximum of \$1,500 per week for up to 180 days. Benefits begin on the first day of a non-work-related accident or injury or the eighth day of an illness. If you are disabled for more than 180 days, basic LTD replaces 60% of your base pay, up to a maximum of \$10,000 per month.
- ✓ **Salaried Associates:** STD provides you with 100% of your weekly base pay for up to 90 days. Benefits begin on the first day of your disability. If you are disabled for more than 90 days, basic LTD replaces 60% of your base pay, up to a maximum of \$13,100 per month.

You may choose to purchase “buy-up” LTD to provide a higher level of coverage for you and your family. With “buy-up” LTD, the plan will replace 66 2/3% of your base pay, up to a maximum of \$15,000 per month. This option also covers any Annual Bonus paid in the previous year (commissions and overtime are excluded).

Supplemental Medical Insurance

Supplemental Medical Insurance is a great way to protect yourself against the burden of unexpected medical expenses. While these plans aren’t a replacement for traditional health insurance, they each pay a lump sum that can offset out-of-pocket costs and daily living expenses in the event of a covered injury, illness or hospitalization. Read on for more information about your Supplemental Medical Insurance options.



HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity Insurance pays a cash benefit when you or a covered family member is hospitalized. You may use the lump-sum payment to offset coinsurance, deductibles and other out-of-pocket costs, or you may use it to cover daily living expenses like rent and groceries.

You can choose between a low and high plan option, and may enroll yourself only or yourself and dependents.

Enrolling in Hospital Indemnity Insurance also gives you access to **BenefitBump**, a resource that provides support at every step of your parenting journey — from pregnancy or adoption to delivery or placement, parental leave, child care, return to work and more. BenefitBump helps you navigate your benefits and time-off programs as you grow your family.

Learn more at securian.com/bimbo-bakeries-insurance.

ACCIDENT INSURANCE

Accident Insurance provides a cash benefit to help cover out-of-pocket expenses after suffering a covered accident. You and/or your covered family members could receive a lump-sum benefit for a variety of accidental injuries that occur off the job (e.g., fractures, dislocations, concussions). You may use the lump-sum payment to pay for medical services and treatments (e.g., doctor visits, ambulance transportation, medical testing and physical therapy) or daily living expenses like rent and groceries; it’s your choice.

You can choose between a low and high plan option, and may enroll yourself only or yourself and dependents. Learn more at securian.com/bimbo-bakeries-insurance.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance provides financial protection if you or a covered dependent is diagnosed with a critical illness (e.g., cancer, heart attack, stroke, major organ transplant or coronary bypass surgery). Visit securian.com/bimbo-bakeries-insurance for more information.

- ✓ **Basic Critical Illness:** The Company provides all associates who are enrolled in either the Standard HSA or Enhanced HSA medical plan with \$3,000 company-paid Basic Critical Illness coverage (for associates only).
- ✓ **Voluntary Critical Illness:** You can enroll in Voluntary Critical Illness coverage, offered through Securian, and select either \$10,000 or \$20,000 of insurance for you and your family. Your cost for coverage varies based on age and smoking status.



Health Management Programs

Health Management Programs are offered to associates and covered dependents enrolled in the Standard HSA or Enhanced HSA plans. You can learn more about all of these programs and find contact information on [WinWellTogether.com](https://www.winwelltogether.com).

Need Specialized Care? Visit a Blue Distinction/ Blue Distinction+ Center

Certain high-cost, rare/complex and elective procedures across seven specialties — maternity, transplants, bariatric surgery, cancers, cardiac care, knee/hip replacement and spine surgery — are covered at 100% of the facility cost after you meet your deductible (no coinsurance will apply) when you use a Blue Distinction or Blue Distinction+ Center.

If you or a covered family member need this type of care, call a BCBSIL Health Advisor at 1-888-978-9034 beginning January 1, 2026*.

Have a Health Care Question? Call the 24/7 Nurseline

If you have a health concern and are not sure if you should go to an urgent care center, call your doctor or treat the problem yourself, call the 24/7 Nurseline. Registered nurses can provide guidance on emergency care, urgent care, family care and more — all at no cost to you.

The 24/7 Nurseline is available at bcbsil.com or by calling 1-800-299-0274.

Facing a Complex Medical Issue or Surgery? Medical Ally Can Help

Medical Ally provides free and confidential clinical information and support so you or a covered dependent can make decisions with confidence regarding routine or complex medical care. The Medical Ally team of nurses, physicians and other health care professionals can help you find:

- The right diagnosis
- Treatment options that are best for your needs
- Doctors who are top-rated for your condition
- The most qualified hospitals for your care
- Support to help you manage your situation

Plus, you have access to Medical Ally's Surgery Decision Support (SDS) program. If you are considering surgery, SDS can help you weigh the risks, benefits and alternative treatment options that could work best for you.

Learn more by visiting MyMedicalAlly.alight.com (Registration code: Bimbo) or by calling 1-888-361-3944.

Want to Save on Prescription Drugs? Try Rx Savings Solutions

Rx Savings Solutions (RxSS) can help you and your dependents enrolled in a Company medical plan save money on prescription drugs. Once you register, you'll have access to:

- A user-friendly website and mobile app to help you identify lower cost options for your prescriptions
- Instructions on how to take advantage of savings opportunities
- Direct alerts when RxSS identifies a savings opportunity

To learn more or register, visit myrxss.com or call 1-800-268-4476.

Managing a Chronic Condition? Lean on a BCBSIL Personal Health Advisor

If you are currently living with a medical condition, such as chronic obstructive pulmonary disease (COPD) or asthma, a BCBSIL Health Advisor can help you live better and avoid complications. Based on health care claims data, you and/or your enrolled spouse may receive a call from a BCBSIL Health Advisor — experienced registered nurses, pharmacists, dietitians and professionals trained in psychology and social work.

Beginning January 1, 2026, we encourage you to take the call or contact a BCBSIL Health Advisor at 1-888-978-9034*.

Managing Diabetes or Hypertension? Enroll in Diabetes & Hypertension Programs through Livongo by Teladoc Health

If you and/or your spouse has diabetes, you may join the Diabetes Program offered through Livongo by Teladoc Health. You will receive a glucose meter, supplies and unlimited test strips at no cost to you.

Additionally, if you and/or your spouse are currently using high blood pressure medicine, you may join the Hypertension Program through Livongo by Teladoc Health to help manage your condition. Participants will receive a wireless-connected blood pressure cuff and access to a nurse who will guide participants through their readings and act as a wellness resource.

To learn more or get started, visit teladochealth.com or call 1-800-835-2362 beginning January 1, 2026.**

*Please note: For the remainder of 2025, you will still need to call 1-877-239-7449 to speak with a BCBSIL Personal Health Clinician. All Personal Health Clinicians' phone numbers will have the same first six digits, but the last four digits will be unique to each clinician (e.g., 630-824-XXXX).

**Please note: For the remainder of 2025, you will still need to call 1-800-945-4355 or visit welcome.livongo.com/bbu to reach Livongo by Teladoc Health.



Savings and Spending Accounts

HEALTH SAVINGS ACCOUNTS (HSAs)

The Company contributes money to your HSA based on the medical plan you choose and your coverage level. Company contributions to your HSA will be made each pay period to your HSA account.

You can also make voluntary contributions to your HSA. Each year, the IRS sets limits on the maximum amount that may be contributed to your HSA. The Company encourages you to review your contributions to ensure you are taking full advantage of your HSA benefits. The below table outlines how much you and the Company can contribute to your HSA in 2026:

COVERAGE LEVEL	2026 HSA CONTRIBUTION LIMIT*	THE COMPANY'S CONTRIBUTION	YOU CAN CONTRIBUTE UP TO...**
You Only	\$4,400	Standard HSA: \$550 Enhanced HSA: \$750	Standard HSA: \$3,850 Enhanced HSA: \$3,650
You + Family	\$8,750	Standard HSA: \$1,100 Enhanced HSA: \$1,500	Standard HSA: \$7,650 Enhanced HSA: \$7,250

**Per IRS guidelines, HSA contributions can be made or received only for the months in which you meet the eligibility requirements, including being enrolled in a qualified plan as of the first day of the month. If you enroll in a qualified plan after the first of the month, you are generally not eligible to make or receive HSA contributions until the following month. For example, if you are hired on March 15, 2026, and open an HSA, you are eligible to make or receive HSA contributions between April 1 and December 31, 2026.*

***If you will be age 55 or older anytime during 2026, you may contribute an extra \$1,000.*

Important HSA Information



You own the money in your account.

It rolls over from year to year — even if you change medical options, drop Company medical coverage or leave the Company — so you can use the HSA as your retirement health care savings account.



You don't pay taxes on any money you put into your HSA — not when it goes into your account or when you use it for eligible expenses.

Your HSA dollars earn interest, and those earnings are tax-free too if used for eligible medical expenses.*



You can use your HSA balance on an ongoing basis to pay for incurred eligible expenses, up to the amount in your account, at any given time.

Eligible expenses include the deductible, coinsurance, allowable expenses not covered by the plan, charges above the reasonable and customary charge for out-of-network care — even Medicare premiums.

Please note: If you are enrolled in a Company medical plan and an HSA, you cannot enroll in a Health Care Flexible Spending Account (FSA). However, if you are enrolled in a Company medical plan but are not enrolled in an HSA due to ineligibility, you can enroll in a Health Care FSA while still being enrolled in either the Standard or Enhanced HSA medical plan.

**Certain states may tax associate and/or Company contributions made to an HSA.*



LEARN MORE! Visit healthequity.com/bbu for tools, videos and other resources to help you understand the HSA. After you enroll in Company medical coverage, you'll receive a welcome kit from HealthEquity with information on how to access their member portal.



Savings and Spending Accounts (continued)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Want to pay for health care expenses tax-free? Enroll in a [Health Care Flexible Spending Account \(FSA\)](#).

Associates who are not enrolled in a Company medical plan, or are not eligible or not enrolled in an HSA, can contribute to a Health Care FSA to help pay for eligible health care expenses. Consider contributing to a Health Care FSA if you need to pay for expenses for you and your eligible dependents that are not covered or are only partially reimbursed by your medical, prescription drug, dental or vision coverage.

You must enroll in a Health Care FSA during Annual Enrollment. You can elect to contribute between \$260 and \$3,300 to your Health Care FSA for 2026. Your election will be deducted from each of your paychecks in equal installments throughout the 2026 calendar year. If you enroll in a Health Care FSA, make sure you incur all of your FSA expenses prior to December 31, 2026, and claim your funds by June 30, 2027.

Want to pay for dependent care expenses tax-free? Enroll in a [Dependent Care Flexible Spending Account \(FSA\)](#).

All associates can enroll in a Dependent Care FSA to help pay for eligible dependent care expenses. Consider contributing to a Dependent Care FSA if you need to pay for expenses associated with day care for an eligible dependent (child under age 13 or older than age 13 if disabled and claimed as a dependent, or adult) while you and your spouse work, look for work or attend school full time.

You must enroll in a Dependent Care FSA during Annual Enrollment. For 2026, you can elect to contribute between \$260 and \$7,500 to your Dependent Care FSA if single or married and filing a joint tax return, or between \$260 and \$3,750 if you are married and filing a separate tax return. Your election will be deducted from each of your paychecks in equal installments throughout the 2026 calendar year. If you enroll in a Dependent Care FSA, make sure you incur all of your FSA expenses prior to December 31, 2026, and claim your funds by June 30, 2027.





Life and AD&D Insurance

To ensure protection for your loved ones, the Company provides associates with Basic Life and AD&D Insurance at no cost to you, with the option for you to purchase supplemental coverage as well as coverage for your dependents. For more information, visit [WinWellTogether.com](https://www.WinWellTogether.com).

	Supplemental coverage options available:	During Annual Enrollment, you may:
Coverage for you	You may purchase coverage from one to seven times your annual base pay (rounded to the next higher \$1,000, if not already a multiple of \$1,000), with a maximum combined Basic and Supplemental Insurance coverage of \$1,350,000. When you purchase supplemental life insurance, your AD&D benefit will be the same as your total covered life insurance amount.	Elect coverage for the first time or increase your coverage; Evidence of Insurability (EOI) will be required.*
Coverage for your spouse	\$10,000, \$25,000, \$50,000, \$75,000, \$100,000 or \$150,000	Elect coverage for the first time or increase your spouse's coverage; EOI will be required.*
Coverage for your child(ren)	\$5,000 or \$10,000	Elect coverage or increase from \$5,000 to \$10,000. EOI is not required.

*Once you've completed your Annual Enrollment Event on myBBUbenefits.com, you will be prompted to submit EOI. Click on the link and answer the series of questions. If you are not instantly approved, you will be advised on any additional steps to take. You will be required to submit EOI during the Annual Enrollment period. The Benefits Center will let you know if EOI was approved or denied.

Note: You may purchase Supplemental Term Life Insurance coverage for your spouse and/or dependent child(ren) even if you have not elected supplemental coverage for yourself.

IMPUTED INCOME

According to federal law, only the first \$50,000 of your basic life insurance benefit is not taxable. The "Imputed Income" value for coverage amounts over \$50,000 will be added to your W-2 statement. In addition to your life insurance benefit, there may be an "Imputed Income" value based on the age of each covered dependent that may be added to your W-2 statement if you select optional coverage for your eligible dependents. All "Imputed Income" values are determined from government tables and in most cases have a minimal effect on your taxes.



Annual Enrollment is a good time to review your beneficiary designations and make any updates needed. Go to the Financial section of [WinWellTogether.com](https://www.WinWellTogether.com) for more information on how to name a beneficiary for each benefit.





Other Benefits and Discounts

LEGAL SERVICES

If you have purchased a home or prepared a will, you know how expensive legal services can be. You can enroll in the Legal Plan to receive unlimited advice about:

- ✓ Money matters, such as debt collection defense, personal bankruptcy, tax audits;
- ✓ Real estate matters, such as deeds, foreclosure, sale or purchase of a home, tenant negotiations;
- ✓ Estate planning, such as document preparation, trusts and wills, codicils;
- ✓ Family and personal matters, such as immigration assistance, name change, prenuptial agreement, juvenile court defense;
- ✓ Civil lawsuits, such as small claims assistance, civil litigation defense;
- ✓ Elder care issues (Powers of Attorney, Medicare/Medicaid, nursing home agreements);
- ✓ Vehicle and driving matters, such as defense of traffic tickets (excluding DUI), license suspension due to DUI, repossession;
- ✓ Reproductive assistance matters, such as surrogacy, egg, sperm, or embryo adoption (the plan will cover up to 20 hours each year).

The plan provides legal representation for you, your spouse and dependents at an affordable price. If you enroll in coverage, you cannot drop coverage until the next Annual Enrollment period.

For more information, call **1-800-821-6400** or go to legalplans.com and click on “Let’s Get Started.” Simply provide an email of your choice, personal or work, and create a password to begin setting up your account. Once you do this, you will be asked to provide some personal information, including your full name and address.

AUTO & HOME INSURANCE

You have access to comprehensive auto and home insurance at group rates through Farmers. Call **1-866-478-3093** (mention code AZK) or go to farmersinsurancechoice.com/bimbo for more information. If you sign up for this service, you will be direct billed by Farmers.



ASSOCIATE PERKS

You have access to special perks through the BBU Extras Program. BBU Extras provides access to discounts, limited-time offers and great deals on top brands. The program is automatically provided by the Company — you do not need to elect this benefit, and there is no cost for you to participate.

Register at bbu.savings.beneplace.com.





Want to Get Rewarded for Wellness?

New! Participate in the Well onTarget® Program

The Well onTarget® Program offers a suite of resources and tools to create your personal path to wellness. In your Well onTarget® member portal, you can access:

- Health Assessment and confidential wellness report
- Self-management programs to improve nutrition, lose weight, quit smoking, etc.
- Blue Points program to earn points for participating in wellness activities, which can be redeemed for gift cards
- Fitness program with gym membership discounts
- One-on-one wellness coaching with certified health coaches
- Digital fitness tracking using popular fitness devices and mobile apps

This free program will be available beginning January 1, 2026, to all associates and their dependents enrolled in a Company medical plan. **Please note:** If you are enrolled in a Company medical plan, and Wellness Screening results show you or your enrolled spouse did not show healthy results for BMI/waist circumference, you can retroactively earn the healthy BMI/waist circumference medical plan premium discount when you or your spouse complete the Well onTarget® program.

Eligible associates and spouses will receive more information in January 2026.

Scheduling a Flu Shot? Get It for Free!

All associates and eligible dependents can receive a free annual flu shot. Getting a flu shot not only helps lower your chances of catching the flu, but also helps reduce the severity of your symptoms and can keep you out of the hospital if you do come down with it.

You and your dependents enrolled in a Company medical plan can visit a BCBSIL in-network health care provider or participating pharmacy of your choice and show your BCBSIL ID card to receive your free annual flu shot. You don't pay anything; the plan pays 100% of the cost!

Vouchers for free flu shots are also available for associates and immediate family members age 18 and older, whether or not the associate is enrolled in a Company medical plan. To download a voucher, visit my.questforhealth.com/mobile/welcome/home and use code "Bimbo."

Contact your HR Business Partner for more information.

Looking for a COVID Vaccine or Booster? Get One at No Cost

The COVID-19 vaccination is covered at 100% by the Company medical plans for associates and their enrolled dependents. COVID-19 vaccination can protect people from becoming seriously ill or hospitalized from COVID-19 illness. If you are interested in receiving a COVID-19 vaccination or booster, make an appointment today.

Need Some Extra Support? Contact SupportLinc Anytime, 24/7

SupportLinc is the Company's Employee Assistance Program (EAP). It is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. Through SupportLinc, you can access a variety of services, including professional counseling, expert referrals for a wide array of personal and work-related concerns, information on health and wellness, childcare resources and more. The use of SupportLinc's services is completely confidential and provided at no cost to all associates and their family members. Representatives are available 24/7 via phone, video, text, in-person or online, so reach out for help whenever you may need it. **Remember, the EAP is a confidential resource and any information you share will not be relayed to the Company.**

Call 1-888-881-5462 or visit supportlinc.com (Code: bimbo) **for more information.**

Managing an Addiction? Enroll in Pelago

Pelago is a confidential program to help people quit smoking, cut back on alcohol* or overcome opioid dependence* with the help of scientifically proven techniques and expert coaches and counselors, right from your mobile device. When you register for Pelago, you can receive:

- One-on-one virtual coaching with a personal coach/counselor
- 24/7 access to self-guided activities and helpful content on the Pelago mobile app
- Access to medication to help reduce cravings for nicotine, alcohol or opioids.

All associates and their eligible dependents, regardless of medical plan enrollment, are eligible to participate in the program. **Please note:** If you are enrolled in a Company medical plan, and Wellness Screening results show you or your enrolled spouse are not tobacco-free, you can retroactively earn the tobacco-free medical plan premium discount when you or your spouse complete the Pelago tobacco cessation program.

To get started, register at pelago.health/bbu or call 1-877-349-7755.

*Alcohol and opioid support are not available in all states. Visit the Pelago website or call to confirm eligibility.

Interested in a Multi-Cancer Early Detection Screening? Take the Galleri Test

Only five cancers have recommended screening tests — using the Galleri blood test in addition to these tests can increase the chance of finding cancer early, to allow for earlier treatment. This groundbreaking test screens for a signal shared by more than 50 types of cancer with just a simple blood draw.

Learn more about the Galleri test and who is eligible to take the test (generally, associates age 50+) at galleri.com/BimboBakeries.



Wellness Screening Information



GET YOUR WELLNESS SCREENING
to check in on your overall health

Earn \$180/year discount



BE TOBACCO-FREE
with a test result showing no tobacco use

Earn \$360/year discount



HAVE A BMI UNDER 30
or a waist circumference of 35" or less for women or 40" or less for men

Earn \$360/year discount



ATTENTION NEW HIRES!

The Company offers discounts on your medical plan premiums for participating in a Wellness Screening each year. The Wellness Screening period for 2026 discounts has ended, but if you were hired between August 1, 2025, and September 30, 2025, and you enrolled in a Company medical plan, you will automatically receive all medical plan premium discounts for the remainder of 2025. You will have an extended opportunity to complete your Wellness Screening to continue receiving medical plan premium discounts for 2026. You will receive a separate communication informing you of your eligibility to complete a Wellness Screening between November 14, 2025, and December 31, 2025. You should start receiving your earned medical plan premium discounts in early February 2026, which will be retroactively applied back to January 1, 2026.

Any new hire who has a start date of October 1, 2025, or later, and who enrolls in a Company medical plan, will automatically receive all medical plan premium discounts for the remainder of 2025 and for the full 2026 plan year.



ATTENTION SPOUSES!

If you will be newly covered under a Company medical plan in 2026 and want to get a Wellness Screening to receive medical plan premium discounts, you must wait until after the Annual Enrollment period for your information to be sent to Quest. Your spouse (Company associate) will receive an email from the Company confirming when your information has been sent to Quest, after which you may take action. Beginning November 14, 2025, follow the registration instructions to schedule an appointment at a Quest PSC or receive your screening from an in-network physician. You will be eligible to receive medical plan premium discounts as long as your Wellness Screening is completed by December 31, 2025.

You should start receiving your earned medical plan premium discounts in early February 2026, which will be retroactively applied back to January 1, 2026. Review the Wellness Screening Overview, available on WinWellTogether.com, for more information.

CONTACTS



For details about your benefits, visit WinWellTogether.com or call the Benefits Center at **1-888-60-myBBU (1-888-606-9228)**.

BENEFIT	VENDOR	PHONE NUMBER	WEBSITE
Medical - Standard HSA - Enhanced HSA	Blue Cross and Blue Shield of Illinois (BCBSIL)	1-877-239-7449 (Customer Service) 1-800-299-0274 (24/7 Nurseline)	bcbsil.com
Expert Medical Opinion	Medical Ally	1-888-361-3944	mymedically.alight.com (Registration code: bimbo)
Telehealth	MDLIVE	1-888-676-4204	mdlive.com/bcbsil
Prescription Drug (Included with medical)	Express Scripts®	1-866-544-2941 (for remainder of 2025)	express-scripts.com (for remainder of 2025)
	Blue Cross and Blue Shield of Illinois (BCBSIL)	1-877-239-7449 (beginning Jan. 1, 2026)	bcbsil.com (beginning Jan. 1, 2026)
	Rx Savings Solutions (RxSS)	1-800-268-4476	myrxss.com
Dental - Standard Option - High Option	Delta Dental	1-800-471-5612	deltadentalins.com
Vision - Standard Vision Plan - High Vision Plan	Vision Service Plan (VSP)	1-800-877-7195	vsp.com
Spending/Saving Accounts - Health Savings Account - Flexible Spending Accounts	HealthEquity	1-877-636-5123	healthequity.com/bbu
Addiction Support	Pelago	1-877-349-7755	pelago.health/bbu
Diabetes and Hypertension Management	Livongo by Teladoc Health	1-800-945-4355 (for remainder of 2025) 1-800-835-2362 (beginning Jan. 1, 2026)	welcome.livongo.com/bbu (for remainder of 2025) teladochealth.com (beginning Jan. 1, 2026)
Employee Assistance Program (EAP) (Confidential support for issues related to the demands of life and work)	SupportLinc	1-888-881-5462	supportlinc.com (Code: bimbo)
Life/AD&D* - Company-provided Basic Life and AD&D - Supplemental Life and AD&D - Dependent Life	Securian Life	1-866-293-6047	securian.com/bimbo-bakeries-insurance
Short-Term and Long-Term Disability* and FMLA	MetLife	1-833-622-0135	metlife.com/mybenefits
Cancer Screening	Galleri Cancer Screening	1-833-694-2553	galleri.com/BimboBakeries
Critical Illness, Accident and Hospital Indemnity Insurance	Securian	1-855-750-1906	securian.com/bimbo-bakeries-insurance
Group Legal Insurance*	MetLife Legal Plans	1-800-821-6400	legalplans.com
Auto & Home Insurance*	Farmers Insurance Choice	1-866-478-3093 (Mention code AZK)	farmersinsurancechoice.com/bimbo
BBU Extras (Corporate discounts)	Beneplace	1-800-683-2886	bbu.savings.beneplace.com
Medicare Consultation	HTA	1-610-430-6650 (Option 1)	hta-insurance.com
BBU Savings Plan	Fidelity	1-888-256-2547	401k.com

*These plans are for full-time associates only.

This Guide serves as a "Summary of Material Modifications" to your Summary Plan Description, as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Please consider this Guide to be part of your Summary Plan Description, and keep it with your important benefits information. This Guide is intended to be an overview of key plan provisions of the Bimbo Bakeries USA Health & Welfare Plan. The plan is governed by formal plan documents, and in the event of any conflict, the formal plan documents will govern. The Company reserves the right to amend or terminate any or all of the benefit plans, in whole or in part, at any time. Participation in these plans does not create any contractual or other right to receive any other benefits, nor does your participation constitute a condition or right of future employment.

