

2025

Benefits Guide

For non-union associates

Welcome!

Dear Associate,

I am pleased to share our benefit offerings with you and your loved ones!

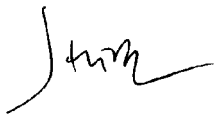
We care deeply about everything we do and place a strong focus on associate well-being — inside and outside of work. We are proud to offer a comprehensive benefits package that includes medical/prescription drug, dental and vision coverage with access to extensive provider networks, as well as financial protection and retirement benefits. Our benefits support health and well-being in all aspects of your life.

Now that you are eligible for Company* benefits, use this guide to learn about our programs and how to enroll (including first-time registration instructions). Your packet contains a Personalized Enrollment Worksheet, which describes the portion of the cost of benefits that you will pay and highlights how much of the cost is absorbed by the Company.

The benefits outlined here are an overview; your options are specific to the terms of your employment with the Company. Detailed information about the specific Company benefits available to you can be found at WinWellTogether.com.

Being well-informed is the key to getting the most value from your benefit plans.

Sincerely,



Jonathan Berger
Senior Vice President, People

*The benefits in this overview apply to both Bimbo Bakeries USA (BBU) and Bimbo QSR (referred to collectively as "Company") associates.



Get Ready to Win Well at
[WinWellTogether.com!](https://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, including your new hire enrollment.



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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 Company notices by navigating to the *Resources* section of your benefits website at WinWellTogether.com or you can call 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.





WHO IS ELIGIBLE

You are eligible to participate in these plans if you are an active associate and have met your eligibility requirement. For health and insurance benefits, that generally means you will work a regular schedule of at least 30 hours per week. All associates and their dependents are eligible for the Employee Assistance Program and Pelago*. See [page 20](#) for more details.

*Dependents must be enrolled in a Company medical plan to participate in Pelago.

WHO CAN ENROLL

As a benefits-eligible associate, you may elect coverage for:

- Yourself
- Your legal spouse
- Your eligible children
 - For medical, dental and vision coverage: Your eligible children may be covered up to the end of the month they reach age 26, regardless of student, marital or residential status.
 - For life insurance, critical illness, accident and hospital indemnity insurance coverage: Your eligible children may be covered until their 26th birthday, regardless of student, marital or residential status.
- You may cover disabled children (as defined by the Social Security Administration) over age 26 if you provide proof that your child's incapacitation occurred prior to age 26.

If you and your spouse both work for the Company, only one of you may cover your dependent children. You will need to supply separate Social Security numbers for yourself and your spouse when you enroll in benefits.

DEPENDENT VERIFICATION

When you enroll your dependents, you will be asked to verify your dependents' eligibility within 45 days of enrolling by providing documents verifying their status. For example:

- For a new spouse, you'll need a marriage certificate and Federal Tax returns from the previous two years, or a mortgage statement or joint bank account statement from within the last six months
- For a new child, you'll need a birth certificate, official maternity discharge paperwork, adoption papers or legal guardianship papers

After 45 days of enrolling, any unverified dependents will be dropped from Company benefits coverage. Contact the Benefits Center at **1-888-60-myBBU (1-888-606-9228)** for more detailed information about eligibility.

If you enroll yourself and your eligible dependents by the deadline, your dependents' coverage will take effect on the later of:

- The date your coverage becomes effective, or
- The date of the qualified life event, provided any required contributions are made and you have applied for dependent coverage within 31 days of the qualified life event.

Newborn children are covered from birth for the first 31 days. You must apply for dependent coverage within 31 days of birth and submit documentation within 45 days of enrolling for coverage to continue. Coverage for a newly adopted or soon-to-be adopted child will take effect on the date the child is placed for adoption.

WHEN COVERAGE BEGINS

You must make an active election within 31 days of the day you become eligible for benefits. If you make elections, your coverage will be effective as follows:

If you are a ...	Any elections you make for yourself and your eligible dependents will be effective on ...
Full-time hourly non-union associate	The first day of the month following 60 calendar days of employment, or when you become eligible for benefits.
Salaried associate	The first day of the month following or coinciding with your date of hire, or when you become eligible for benefits.
Rehire (Full-time)	Your date of rehire.

PAYING FOR COVERAGE

Please refer to your Personalized Enrollment Worksheet or visit myBBUbenefits.com to view your contributions.

Your per paycheck contributions for medical/prescription drug coverage depend on the plan you select, your pay and whether you are a full-time or part-time associate. For medical/prescription drug, spending and savings accounts, dental and vision, you pay your portion of the cost with before-tax dollars, while contributions for all other benefits are paid with after-tax dollars.

COVERAGE LEVELS

For all health care benefits, you choose from the following coverage levels. You may choose different coverage levels for medical/prescription drug, dental and vision:

- You Only
- You + Child(ren)
- You + Spouse
- You + Family

IF YOU DO NOT ENROLL WITHIN 31 DAYS ...

You will default to no coverage for all benefits (including medical/prescription drug, HSA, FSAs, dental and vision), except for your Company-provided benefits unless you experience a qualified life event. Your next opportunity to enroll will be in fall 2025 during Annual Enrollment, and benefit changes would go into effect for January 1, 2026.



Medical Benefits

The Company offers two medical plan options administered by Blue Cross Blue Shield of Illinois (BCBSIL): the **Standard HSA** and the **Enhanced HSA**.

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 plan details 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 + Child(ren), You + Spouse or 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: \$6,000 Out-of-network: \$12,000	In-network: \$6,000 Out-of-network: \$12,000
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: \$12,000 Out-of-network: \$24,000	In-network: \$12,000 Out-of-network: \$24,000



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 2025, you can contribute a total of \$4,300 for single coverage or \$8,550 for family coverage, including the Company's contribution. If you are age 55 or older in 2025, you may contribute an additional \$1,000 in catch-up contributions.

***There is an out-of-pocket maximum for each individual family member enrolled in You + Family coverage. No individual family member enrolled will pay more than \$6,000/in-network and \$12,000/out-of-network for out-of-pocket expenses in 2025.



Medical Benefits (continued)



SPOUSAL SURCHARGE

If your spouse is eligible for medical coverage through their own employer but chooses to be covered under your Company medical plan, a \$1,000 annual surcharge divided equally among paychecks will be applied to your medical contributions. The annual surcharge will be prorated for your first year, based on your hire date.

If you are covering a spouse for 2025, you will need to complete an online certification when you enroll indicating whether or not your spouse is eligible for medical coverage through their own employer.

You can certify your spousal surcharge status when you enroll in benefits on myBBUbenefits.com:

- Click on the **Get Started** button > **Next** button > **My Family** to verify and/or add new dependents.
- Then, go to the **My Information** tab > **Benefits Related Information** to review and answer a question related to your spousal surcharge status.
- You can then continue with the enrollment process.

You must finalize your enrollment elections in this session to ensure the spousal surcharge has been applied correctly. At the end of the enrollment process, you will see confirmation of whether the spousal surcharge has been applied. You can also verify your spousal surcharge status via your Confirmation Statement received in your home mail.



A WORD ON THE WELLNESS SCREENING

Each year, benefits-eligible non-union associates and their enrolled spouses can participate in a Wellness Screening to earn medical plan premium discounts. Since you are newly eligible, your medical plan contributions will automatically reflect the maximum* premium discount for 2025; however, you and your enrolled spouse will need to participate in the fall of 2025 to earn medical plan premium discounts for 2026.

**The maximum premium discount is \$900 if you cover yourself or yourself and any children, or \$1,800 if you cover your spouse.*

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 to 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 discounted 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

You automatically receive prescription drug coverage, which is managed by Express Scripts, 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.

	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.*

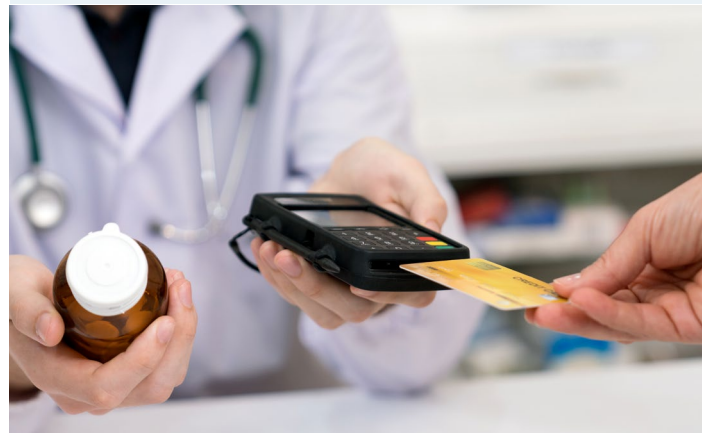
Preventive Care Drugs

Certain preventive care medications are not subject to the plans' deductibles 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](#).





Medical Benefits (continued)

HOW TO FILL PRESCRIPTION DRUGS

Short-Term Medications

Use a retail pharmacy for immediate drug needs or for short-term medications. Fill your prescription, up to a 30-day supply, by presenting your BCBSIL/Express Scripts ID card at one of 60,000+ in-network retail pharmacies. You can view in-network pharmacies at [express-scripts.com](https://www.express-scripts.com).

Long-Term Medications

If you need long-term or ongoing medications (i.e., those used to treat chronic medical conditions like high blood pressure, diabetes or asthma), you can receive 90-day supplies of maintenance medications through home delivery from Express Scripts or directly at a Walgreens retail pharmacy at the same cost share as home delivery. To participate, ask your doctor to write a 90-day prescription. Due to government regulations, certain maintenance medications are classified as controlled substances and can only be issued as a 30-day supply by a retail pharmacy or mail-order pharmacy. For more information, go to [express-scripts.com](https://www.express-scripts.com).



FIND A MEDICAL PLAN PROVIDER

When you enroll in one of the medical plan options, you will have access to participating health care providers and facilities in the National BlueCard® PPO network.* See if a doctor is in-network by visiting [bcbsil.com](https://www.bcbsil.com) and clicking Find a Doctor, or calling 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, Kansas City, MO, Oklahoma City, OK, and District of Columbia.



MEDICAL AND PRESCRIPTION DRUG ID CARDS

All medical plan participants will receive a BCBSIL/Express Scripts ID card that will work for both your medical plan and Express Scripts prescription drug plan.





Dental Benefits

Two dental plan options, administered by Delta Dental, are available to you and your eligible dependents. 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

You can choose between two vision plans to help cover the cost of eye exams, contact lenses and eyeglass frames and lenses. Both plans are through Vision Service Plan (VSP), offer comprehensive coverage and give you the option to 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, over 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.

	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 and/or an additional pair of lenses if necessary, with minimum prescription change	N/A	<ul style="list-style-type: none"> 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. The Company also handles Family Medical Leave (FMLA) claims through MetLife.

For LTD coverage, if you have a pre-existing condition (an accidental injury or sickness that was diagnosed, treated or caused expenses to be incurred during the 3-month period immediately preceding your initial eligibility) that causes a disability, benefits will not be paid for a disability during the first 12 months of your initial eligibility.

HOURLY NON-UNION ASSOCIATES

✓ Short-Term Disability (STD) Insurance

COMPANY-PAID

The Company pays for STD insurance for an absence due to an eligible non-work related injury or illness. The benefit 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.

✓ Long-Term Disability (LTD) Insurance

COMPANY-PAID

The Company pays for basic LTD to cover an eligible injury or illness that causes you to be disabled for more than 180 days and replaces 60% of your base pay, up to a maximum of \$10,000 per month.

SALARIED ASSOCIATES

✓ Short-Term Disability (STD) Insurance

COMPANY-PAID

The Company pays for STD to cover an eligible, non-work-related injury or illness, and provides you with 100% of your weekly base pay for up to 90 days. Benefits begin on the first day of your disability.

✓ Basic Long-Term Disability (LTD) Insurance

COMPANY-PAID

The Company pays for basic LTD to cover an eligible injury or illness that causes you to be disabled for more than 90 days and replaces 60% of your base pay, up to a maximum of \$13,100 per month.

✓ “Buy-Up” Long-Term Disability (LTD) Insurance

ASSOCIATE-PAID

You may also 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 excluded). If you do not enroll in coverage when first eligible, Evidence of Insurability (EOI) will be required to enroll in the future.



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.

If you elect Hospital Indemnity Insurance, you also have access to the **BenefitBump** resource, which provides you with support to help you navigate your benefits and time-off programs as you grow your family. It provides support at every step — from pregnancy or adoption to delivery or placement, parental leave, child care, return to work and more. Click [here](#) to review the BenefitBump flyer for additional information.

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.

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.



SIMPLIFY YOUR CLAIMS PROCESS WITH RECLAIM

For Hospital Indemnity and Accident Insurance, you can register for Reclaim and simplify the claims process. You'll be notified of benefits that could be payable under your voluntary insurance, which helps reduce the time and effort you need to file a claim by eliminating the need to provide supporting documentation or medical records.

To register for Reclaim, visit lifebenefits.com and enter your login information:

- Your User ID is a unique code that you will receive via email or mail.
- Your Password is your eight-digit date of birth (MMDDYYYY) followed by the last four digits of your Social Security number.



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 need this type of care for yourself or a covered family member, we encourage you to call 1-877-239-7449 to speak with a BCBSIL Personal Health Clinician.

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 www.bcsil.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](https://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 Clinician

If you are currently living with a medical condition, such as chronic obstructive pulmonary disease (COPD) or asthma, a BCBSIL Personal Health Clinician 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 Personal Health Clinician* — experienced registered nurses, pharmacists, dietitians and professionals trained in psychology and social work.

We encourage you to take the call* or contact a BCBSIL Care Manager at 1-877-239-7449.

*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).

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 welcome.livongo.com/bbu or call 1-800-945-4355.

Interested in Getting a Multi-Cancer Early Detection Screening? Try 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.



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. The full amount is contributed as a lump sum and will be available as soon as administratively possible after you enroll, depending on your payroll schedule.

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 below table outlines how much you and the Company can contribute to your HSA in 2025:

COVERAGE LEVEL	2025 HSA CONTRIBUTION LIMIT*	THE COMPANY'S CONTRIBUTION	YOU CAN CONTRIBUTE UP TO...**
You Only	\$4,300	Standard HSA: \$550 Enhanced HSA: \$750	Standard HSA: \$3,750 Enhanced HSA: \$3,550
You + Family	\$8,550	Standard HSA: \$1,100 Enhanced HSA: \$1,500	Standard HSA: \$7,450 Enhanced HSA: \$7,050

**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, 2025, and open an HSA, you are eligible to make or receive HSA contributions between April 1 and December 31, 2025.*

***If you will be age 55 or older anytime during 2025, 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)

Flexible Spending Accounts (FSAs) enable you to put aside before-tax dollars to pay for eligible expenses. You may contribute to a Health Care and/or Dependent Care Flexible Spending Account (FSA) with before-tax dollars and save on both Federal Income and Social Security taxes.*

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 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 when making your initial benefits elections. You can elect to contribute between \$260 and \$3,200 to your Health Care FSA for 2025. Your election will be deducted from each of your paychecks in equal installments throughout the remainder of the 2025 calendar year. If you enroll in a Health Care FSA, make sure you incur all of your FSA expenses prior to December 31, 2025, and claim your funds by June 30, 2026. Eligible dependents include your spouse, your dependent children and anyone else you claim as a dependent on your Federal income tax return for the same calendar year. For a full list of eligible Health Care FSA expenses, visit irs.gov and download IRS Publication 502.

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 when making your initial benefits elections. For 2025, you can elect to contribute between \$260 and \$5,000 to your Dependent Care FSA if single or married and filing a joint tax return, or between \$260 and \$2,500 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 remainder of the 2025 calendar year. If you enroll in a Dependent Care FSA, make sure you incur all of your FSA expenses prior to December 31, 2025, and claim your funds by June 30, 2026. For a full list of eligible Dependent Care FSA expenses, visit irs.gov and download IRS Publication 503.

REQUIRED ANNUAL TESTING

Flexible Spending Accounts are subject to annual nondiscrimination testing to ensure balanced participation between highly and non-highly compensated associates. Based on the results of the testing, it may be necessary to reduce or stop your annual contributions. You will be notified during the plan year of any necessary adjustments to your contribution amount resulting from the required nondiscrimination testing.

*Your covered compensation for Social Security purposes will be reduced by the amount you contribute to your FSAs. Consequently, you could receive a slightly smaller Social Security benefit at retirement. The actual reduction, if any, will be minimal and will vary by individual.



Basic Life and AD&D Insurance

COMPANY-PAID

The Company pays for the cost of Basic Term Life and Accidental Death and Dismemberment (AD&D) insurance. This coverage provides benefits to your beneficiaries if you die or become seriously injured in an accident. You are covered at one times base pay (rounded to the next \$1,000), with a minimum benefit of \$40,000 and a maximum benefit of \$1,350,000.

Under this plan, you are covered for some losses due to accidental injuries. The amount of AD&D benefit you may receive for a qualifying injury depends on the severity of the injury.

Supplemental Life and AD&D Insurance

ASSOCIATE-PAID

You may choose to elect and pay for additional coverage up to seven times your base pay (rounded to the next \$1,000, if not already a multiple of \$1,000). The maximum combined benefit for basic and supplemental life insurance is \$1,350,000. You pay for this benefit with after-tax dollars.

When you purchase supplemental life insurance, your AD&D benefit will be the same as your total covered life insurance amount. You cannot purchase supplemental life insurance without AD&D insurance and vice versa.

Dependent Life Insurance

ASSOCIATE-PAID

You may purchase dependent life insurance on an after-tax basis. If both parents are Company associates and eligible to purchase dependent life insurance, each may be covered as a dependent spouse, but only one may purchase coverage for their eligible children.

COVERAGE FOR	AMOUNT
Spouse	\$10,000, \$25,000, \$50,000, \$75,000, \$100,000 or \$150,000
Child(ren)	\$5,000 or \$10,000

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

Do I Need Evidence of Insurability (EOI)?

EOI is medical information (which may include medical records and a physical exam) that requires review and approval before coverage becomes effective.

Elections up to the Guaranteed Limit do not require EOI if you enroll for coverage when first eligible. EOI is required to enroll for more than five times supplemental life and more than \$25,000 in spouse life, but not required to enroll your children.

Once you've completed your New Hire Enrollment Event on myBBUbenefits.com, you will be prompted to submit EOI as needed. 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. The Benefits Center will inform you of your deadline to submit EOI, and will let you know if EOI was approved or denied.

Any life insurance elections made after your initial eligibility period will require EOI.

WHAT IS BASE PAY?

For purposes of life, AD&D and disability benefits, your base pay excludes overtime, commissions and bonuses (hourly rate times 2,080 hours).

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 spouse or child life insurance 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. This rule only applies to your basic life insurance benefit, and the total amount of any supplemental coverage will be taxed.

Don't forget to designate a beneficiary for your benefits. Go to myBBUbenefits.com for more information.



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;
- ✓ Reproductive assistance matters such as surrogacy, egg, sperm, or embryo adoption;
- ✓ 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.

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.



BBU Savings Plan

You are eligible to enroll in the BBU Savings Plan, a Company-sponsored 401(k) Plan, after 60 days of service, if you are a regular full-time or part-time associate who is age 18 or older.

THE BBU SAVINGS PLAN OFFERS:

- An easy way to save through convenient payroll deductions, with the flexibility to start, stop or change your contributions at any time.
- The ability to save from 1% to 75% of your eligible pay in pre-tax and/or after-tax Roth contributions.
- A company match of 100% of the first 6% of your pay that you contribute to the Plan. The company match vests upon completion of two years of service.
- A wide array of investment options — you decide how to invest the contributions.
- Tax-deferred growth — you don't pay taxes on the before-tax contributions or investment earnings until you take your money out of the Plan.
- Portability — you can take your vested account with you when you leave the Company.

AUTO-ENROLLMENT IN THE PLAN

If you do not enroll on your own or do not opt out of auto-enrollment within 60 days of your hire date, you will be automatically enrolled in the BBU Savings Plan, contributing 6% before-tax of your eligible pay. You will also be enrolled in the BBU Savings Plan's automatic increase feature.

- The automatic increase feature helps you save more each year. You can have your contribution rate automatically increased by an elected percentage each July 1. The automatic increase will stop once you reach 10%, unless you elect to go past this amount. If you are automatically enrolled in the BBU Savings Plan, you are also automatically enrolled in this feature. You may turn this feature on or off at any time.
- Unless you provide your own investment elections, your contributions will be invested in the Plan's Qualified Default Investment Alternative.

At the end of November each year, the Company will notify you if:

- You are eligible for, but not contributing to, the Plan and you have not stopped contributing to the Plan during the previous six months; or
- You are contributing less than 6% and you have not made a change to the percentage you are contributing during the previous six months.

You will have 30 days to opt out of the annual auto re-enrollment program (as described in your notice); otherwise, your pre-tax contributions will automatically increase to 6% on the following January 1.

You can make changes by going online to 401k.com or by calling Fidelity at **1-888-256-2547**.



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/Express Scripts 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."

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.

Call 1-888-881-5462 or visit www.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, regardless of medical plan enrollment, are eligible to participate in the program; however, dependents must be enrolled in a plan to participate.

To get started, register at my.pelagohealth.com/client/expressscripts or call 1-877-349-7755.

*The Pelago alcohol and opioid programs are not yet available in all 50 states. Visit the Pelago website or call to confirm eligibility. Pelago takes your privacy seriously. Pelago adheres to all 42 CFR part 2, GDPR and HIPAA regulations. Pelago will never share information with your employer or insurance carrier that you are receiving treatment without your consent, unless required for tobacco surcharge removal.

Searching for Savings? Try the BLUE365® Discount Program

Associates enrolled in a Company medical plan have access to Blue365* through Blue Cross and Blue Shield of Illinois (BCBSIL). With the Blue365 program, you and your family can save money on health care products and services — that typically aren't covered by your medical plan. Some discounts include:

- Dental, vision and hearing products and services
- Fitness gear and apparel
- Family activities
- Healthy eating options

There are no claims to file and no referrals or prior authorizations needed. All you need to do is register on the Blue365 website by visiting blue365deals.com and entering your BCBSIL insurance card information.

*BCBSIL reserves the right to discontinue or change this discount program at any time without notice.



Time Away from Work

PAID TIME OFF (PTO)

New Hires

As a new hire, your PTO is allotted according to the following schedule and should be used by the end of the year:

MONTH OF HIRE	FULL-TIME ASSOCIATES PTO DAYS (HOURS)	PART-TIME ASSOCIATES PTO HOURS
January	18 days (144 hours)	40 hours
February	16.5 days (132 hours)	37 hours
March	15 days (120 hours)	34 hours
April	13.5 days (108 hours)	31 hours
May	12 days (96 hours)	28 hours
June	10.5 days (84 hours)	25 hours
July	9 days (72 hours)	22 hours
August	7.5 days (60 hours)	19 hours
September	6 days (48 hours)	16 hours
October	4.5 days (36 hours)	13 hours
November	3 days (24 hours)	10 hours
December	1.5 days (12 hours)	4 hours

Full-Time Associates

Following the end of the calendar year in which you are hired, PTO eligibility at the beginning of the calendar year is based on your years of service as shown below:

YEARS OF SERVICE	FULL-TIME ASSOCIATES PTO DAYS (HOURS)
1-4	18 (144)
5-10	23 (184)
11-19	28 (224)
20+	30 (240)

Part-Time Associates

PTO for part-time associates is prorated based on the number of regular hours worked during the prior year. For example, a part-time associate with 3 years of service who works 20 hours on average per week in 2025 will be eligible for 9 PTO days (72 hours) in 2026.

HOLIDAYS

The Company observes nine paid holidays per year, which for 2025 include:

New Year's Day: Wednesday, January 1

Martin Luther King, Jr. Day: Monday, January 20

Memorial Day: Monday, May 26

Independence Day: Friday, July 4

Labor Day: Monday, September 1

Thanksgiving Day: Thursday, November 27

Day after Thanksgiving: Friday, November 28

Christmas Day: Thursday, December 25

Floater Holiday*: Friday, December 26

**One floating holiday will vary from year to year and will be scheduled by the Company around Independence Day or the Christmas holidays depending on how the calendar falls*



ENROLLING IN BENEFITS



WHAT YOU NEED TO DO TO ENROLL

- ✓ Go to myBBUbenefits.com. You will need to set yourself up in the system. Here's how:
 - Click the **Get Started** box under New Users.
 - Enter the last four digits of your Social Security number, last name, date of birth and postal ZIP code on file with the Company.
 - Create a username and password.
 - Choose security questions and a password hint in case you forget your password. Going forward, you'll be able to seamlessly connect from GB-on (the Company's intranet) to the Benefits Center without having to enter your username and password.
 - Follow the prompts to set up your contact preference for secure, two-step authentication.
 - Once you're registered, click the **Get Started** button on the homepage in the **Get Started** blue box.
 - On the **Build Your Profile** page, review and confirm your contact information.
 - On the blue tile, click the **Get Started** button under **Complete your New Hire enrollment today!**
- ✓ On the **Get Started** tab, follow the prompts to enter information (name, birth date and Social Security number*) for any dependents you want to add. When you enroll your dependents, you will be asked to verify your dependents within 45 days of enrolling by providing documents verifying their status (e.g., marriage certificate, official maternity discharge paperwork, adoption papers or legal guardianship papers). During this step, you will also need to complete the tobacco status** and spousal surcharge certifications.
- ✓ On the **Choose Benefits** tab, select the benefit plans and/or coverage levels you'd like to enroll in 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. You can also designate a beneficiary for your benefits, where appropriate.
- ✓ On the **Complete Enrollment** tab, after you have selected all the benefits you want, you'll have the chance to review your cart and the cost of benefits you selected. Then, click **Complete Enrollment** and **submit your elections within 31 days of the date you become eligible**.
- ✓ Print your confirmation page indicating **Enrollment Submitted** for your records.

*Newborn children are covered from birth for the first 31 days. You must enroll dependent(s) within 31 days of birth and submit documentation within 45 days of enrolling for coverage to continue, otherwise coverage will be dropped. Social Security numbers are not required to add newborn dependents to your coverage, and you may call the Benefits Center to provide the Social Security number anytime after enrolling a newborn. Coverage for a newly adopted or soon-to-be adopted child will take effect on the date the child is placed for adoption.

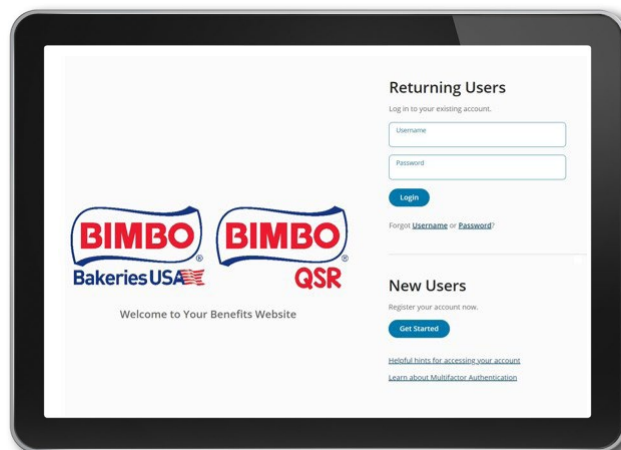
**Your tobacco status is used to determine your contributions for critical illness and supplemental life insurance.

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

Apple App Store:



Google Play Store:



WHAT HAPPENS IF I DON'T ENROLL?

If you do not enroll within 31 days of your benefits eligibility date, you will default to no coverage for all benefits (including medical/prescription drug, HSA, FSAs, dental and vision), except for your Company-provided benefits. Your Company-provided benefits include Basic Life and AD&D, STD, LTD and Employee Assistance Program (EAP).

Unless you experience a qualified life event during the year, your next opportunity to enroll will be during Annual Enrollment in fall 2025 for coverage effective January 1, 2026.

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 <ul style="list-style-type: none"> Standard HSA Enhanced HSA 	Blue Cross 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	mymedicalally.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	express-scripts.com
	Rx Savings Solutions (RxSS)	1-800-268-4476	myrxss.com
Dental <ul style="list-style-type: none"> Standard Option High Option 	Delta Dental	1-800-471-5612	deltadentalins.com
Vision <ul style="list-style-type: none"> Standard Vision Plan High Vision Plan 	Vision Service Plan (VSP)	1-800-877-7195	vsp.com
Spending/Saving Accounts <ul style="list-style-type: none"> Health Savings Account Flexible Spending Accounts 	HealthEquity	1-877-636-5123	healthequity.com/bbu
Addiction Support	Pelago	1-877-349-7755	my.pelagohealth.com/client/expressscripts
Diabetes and Hypertension Management	Livongo by Teladoc Health	1-800-945-4355	welcome.livongo.com/bbu
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* <ul style="list-style-type: none"> 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
Time Away from Work	Contact your HR Business Partner		

*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.