

Important Notice about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with BBU and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage is available to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. BBU has determined that the prescription drug coverage offered by BBU is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays for 2024 and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you or your family members are not currently covered by Medicare and will not become covered by Medicare in the next 12 months, this notice does not apply to you.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current BBU prescription drug coverage will not be affected but your future enrollment in the BBU Health and Welfare Plan may be limited.

If you enroll in Medicare, you will drop your prescription drug coverage with BBU. Please note, if you drop your BBU prescription drug coverage you will also be required to drop your BBU coverage for other medical services. Because your BBU prescription drug coverage is linked to your BBU medical coverage, you will be able to drop your BBU prescription drug coverage only by dropping your entire medical plan.

If you waive or drop coverage under the BBU Health and Welfare Plan and enroll in Medicare prescription drug coverage, Medicare will be your only payer. You should compare your current prescription drug coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area before making your decision.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

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

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

For More Information

For more information about this notice or your current prescription drug coverage, contact the **Benefits Center** at **1-888-60-myBBU** (1-888-606-9228), Monday to Friday, 9:00 a.m. to 7:00 p.m., ET.

For additional information on Medicare, please contact **HTA** at **1-610-430-6650, Option 1** to schedule a Medicare consultation or visit **www.hta-insurance.com**.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through BBU changes. You also may request a copy of this notice at any time.

More information about your options under Medicare prescription drug coverage is in the *Medicare & You* handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**
- Call your state Health Insurance Assistance Program (phone numbers are located on the inside back cover of your copy of the *Medicare & You* handbook) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227); TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Go to **www.socialsecurity.gov** or call 1-800-772-1213 (TTY 1-800-325-0778) for information.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).

SUMMARY ANNUAL REPORT FOR THE BBU HEALTH AND WELFARE PLAN

This is a summary of the annual report of the Bimbo Bakeries USA Health & Welfare Plan, Employer Identification Number 75-2491201, Plan Number 532, for the plan year January 1, 2022, through December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Uninsured Components

The Plan Sponsor, BBU Inc., has committed to pay certain medical and prescription drug claims (including all flexible spending account expenses) and all dental claims, short-term disability claims and severance plan benefits incurred under the terms of the plan.

Insurance Information

The Plan had contracts with insurance carriers to pay certain claims incurred under the terms of the Plan. The type of benefit provided, name of the insurer, and premiums paid for each component are set forth in the table below. The total amount of non-experience-rated premiums paid for contract years that ended during the 2022 plan year was \$12,337,088.

Type of Benefit	Name of Insurer	Premiums Paid
Business Travel Accident	Zurich American Insurance Company #GTU 3031921	\$14,868
Medical and Evacuation	Cigna Health and Life Insurance Company 04979B	\$68,957
Legal Services	MetLife Legal Plans #100895	\$267,259
Long-Term Disability	Life Insurance Company of North America #FLK980131	\$3,715,651
Basic/Supplemental Life and AD&D Insurance	Securian Life Insurance Company #70009	\$5,359,800
Critical Illness	Securian Life Insurance Company #76002	\$1,457,125
Vision	UnitedHealthcare Insurance Company #0754195	\$522,462
	Vision Service Plan #12134660	\$930,966

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, upon request. The insurance information, including sales commissions paid by insurance carriers, is included in that report.

To obtain a copy of the full annual report, or any part thereof, write or call BBU, Inc., at 255 Business Center Drive, Horsham, PA 19044, 1-215-672-8010. The charge to cover copying costs will be the actual reproduction costs, but in no event, more than 25 cents per page.

You also have the legally protected right to examine the annual report at the main office of the plan (BBU, Inc., 255 Business Center Drive, Horsham, PA 19044), at the U.S. Department of Labor in Washington, D.C., or you may obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

HIPAA Privacy Notice Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Bimbo Bakeries USA Health & Welfare Plan (the “Plan”) to periodically send a reminder to participants about the availability of the Plan’s Privacy Notice and how to obtain that notice. The Privacy Notice explains participants’ rights and the Plan’s legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact Kelly McCann, Bimbo Bakeries USA Benefits Manager, at 255 Business Center Drive, Horsham, PA 19044. You may also view the Privacy Notice online at **GB-on**.

You may also contact the Plan’s Privacy Official, Kelly McCann at 1-215-957-4446 for more information on the Plan’s privacy policies or your rights under HIPAA.

HIPAA Special Enrollment Rights

If you decline enrollment for yourself or your dependents (including your spouse) in the Bimbo Bakeries USA health plan because of other health insurance or group health plan coverage, later you may be able to enroll yourself and your dependents in this Plan without waiting for the next open enrollment period if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after you or your dependents’ other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage) Additionally, you and/or your dependent(s) may be able to enroll in a Company-sponsored medical plan if you and/or your dependent(s) became eligible for state premium assistance under Medicaid or Children’s Health Insurance Program (CHIP) or lose Medicaid or CHIP coverage because you are no longer eligible.

Note that you must request enrollment within 60 days of an event that involves loss of Medicaid or CHIP coverage or eligibility for state premium assistance. Also, note that this 60-day extension doesn’t apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective on the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

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

To request special enrollment or to obtain more information, please contact the **Benefits Center** at **1-888-60-myBBU** (1-888-606-9228), Monday to Friday, 9:00 a.m. to 7:00 p.m., Eastern Time.

Women’s Health and Cancer Rights Act of 1998

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

- All stages of reconstruction of the breast on which a mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Protheses
- Treatment of physical complications, including lymphedema, at all stages of the mastectomy

This coverage will be provided subject to the same annual deductibles and coinsurance provisions that apply for other medical and surgical benefit provided under this plan. If you would like more information on WHCRA benefits, please contact your plan vendor directly.

Newborns' & Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a Cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the Plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours, as applicable).

Your Rights Under USERRA - The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

Right to be Free from Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service;

then an employer may not deny you:

- Initial employment;
- Reemployment;
- Retention in employment;
- Promotion; or
- Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

Enforcement

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS and may be viewed on the internet at <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.

For additional information on military leaves, such as how to request a leave and other rights and obligations, as well as their impact on benefits, please contact the Benefits Center at **1-888-60-myBBU** (1-888-606-9228), Monday to Friday, 9:00 a.m. to 7:00 p.m., Eastern Time.

Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility:

State	Service	Website	Phone Number
Alabama	Medicaid	http:// myalhipp.com	1-855-692-5447
Alaska	Medicaid	http://myakhipp.com/ https://health.alaska.gov/dpa/Pages/default.aspx	1-866-251-4861
Arkansas	Medicaid	http://myarhipp.com/	1-855-692-7447
California	Medicaid	http://dhcs.ca.gov/hipp	1-916-445-8322
Colorado	Medicaid	https://www.healthfirstcolorado.com/	1-800-221-3943
	CHP+	https://hcpf.colorado.gov/child-health-plan-plus	1-800-359-1991
	HIBI	https://www.mycohibi.com/	1-855-692-6442
Florida	Medicaid	https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html	1-877-357-3268
Georgia	Medicaid (HIPP)	https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp	1-678-564-1162, Press 1
	Medicaid (CHIPRA)	https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra	1-678-564-1162, Press 2
Indiana	Medicaid	http://www.in.gov/fssa/hip/ (low-income adults 19-64) https://www.in.gov/medicaid/ (all others)	1-877-438-4479 1-800-457-4584
Iowa	Medicaid	https://dhs.iowa.gov/ime/members	1-800-338-8366
	CHIP	http://dhs.iowa.gov/Hawki	1-800-257-8563
	HIPP	https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp	1-888-346-9562
Kansas	Medicaid	https://www.kancare.ks.gov/	1-800-792-4884
Kentucky	Medicaid	https://chfs.ky.gov/agencies/dms	
	CHIP	https://kidshealth.ky.gov/Pages/index.aspx	1-877-524-4718
	KI-HIPP	https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx	1-855-459-6328
Louisiana	Medicaid	www.medicaid.la.gov www.ldh.la.gov/lahipp	1-888-342-6207 1-855-618-5488
Maine	Medicaid	https://www.mymaineconnection.gov/benefits/s/?language=en_US https://www.maine.gov/dhhs/ofl/applications-forms	1-800-442-6003 or 1-800-977-6740

State	Service	Website	Phone Number
Massachusetts	Medicaid and CHIP	https://www.mass.gov/info-details/masshealth-premium-assistance-pa	1-800-862-4840
Minnesota	Medicaid	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp	1-800-657-3739
Missouri	Medicaid	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	1-573-751-2005
Montana	Medicaid	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	1-800-694-3084
Nebraska	Medicaid	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 1-402-473-7000 (Lincoln) 1-402-595-1178 (Omaha)
Nevada	Medicaid	http://dhcfnv.gov	1-800-992-0900
New Hampshire	Medicaid	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program	1-603-271-5218 1-800-852-3345 (ext 5218)
New Jersey	Medicaid	http://www.state.nj.us/humanservices/dmahs/clients/medicaid/	1-609-631-2392
	CHIP	http://www.njfamilycare.org/index.html	1-800-701-0710
New York	Medicaid	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina	Medicaid	https://medicaid.ncdhhs.gov/	1-919-855-4100
North Dakota	Medicaid	https://www.hhs.nd.gov/healthcare	1-844-854-4825
Oklahoma	Medicaid and CHIP	http://www.insureoklahoma.org	1-888-365-3742
Oregon	Medicaid	http://healthcare.oregon.gov/Pages/index.aspx	1-800-699-9075
Pennsylvania	Medicaid	https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx	1-800-692-7462
	CHIP	https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx	1-800-986-5437
Rhode Island	Medicaid and CHIP	http://www.eohhs.ri.gov/	1-855-697-4347 1-401-462-0311
South Carolina	Medicaid	https://www.scdhhs.gov	1-888-549-0820
South Dakota	Medicaid	http://dss.sd.gov	1-888-828-0059
Texas	Medicaid	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	1-800-440-0493
Utah	Medicaid	https://medicaid.utah.gov/	1-877-543-7669
	CHIP	http://health.utah.gov/chip	
Vermont	Medicaid	https://dvha.vermont.gov/members/medicaid/hipp-program	1-800-250-8427
Virginia	Medicaid and CHIP	https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs	1-800-432-5924
Washington	Medicaid	https://www.hca.wa.gov/	1-800-562-3022
West Virginia	Medicaid	https://dhhr.wv.gov/bms/	1-304-558-1700
	CHIP	http://mywvhipp.com/	1-855-699-8447
Wisconsin	Medicaid and CHIP	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming	Medicaid	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565
------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------