

SINCE

ADAMS

1937

BEVERAGES



**Benefits Enrollment Guide
June 1, 2025 to May 31, 2026**

North Carolina



The following section includes information about your benefits.

- GROUP INSURANCE ELIGIBILITY
- MEDICAL INSURANCE
- PRESCRIPTION DRUG COVERAGE | Rx
- VIRTUAL VISITS
- FLEXIBLE SPENDING ACCOUNTS (FSA)
- HEALTH SAVINGS ACCOUNTS (HSA)
- DENTAL INSURANCE
- VISION INSURANCE
- BASIC LIFE AND AD&D INSURANCE
- DISABILITY BENEFITS
- SUPPLEMENTAL BENEFITS

We have included interactive videos in this guide to assist with a further understanding of your benefits. These videos are provided by “flimp”, you may see the name when opening the link.

Carrier Contacts

For questions regarding Medical or Dental benefits, call **Blue Cross Blue Shield North Carolina** at: 888-206-4697 or go to www.bluecrossnc.com



For questions regarding your Prescription benefits, call Express-Scripts at 855-315-3410 or go to www.express-scripts.com.



For questions regarding Life & Disability benefits, call **USABLE** at: 800-370-5856 or go to www.usablelife.com.



For questions regarding Vision benefits, call **VSP** at: 800-877-7135 or go to www.vsp.com.



For questions regarding Colonial Life Voluntary benefits, including Accident, Critical Illness and Hospital Indemnity (Medical Bridge) Call Colonial Life at: 800-325-4368 or go to www.coloniallife.com



To update investment elections for your **401k** current balance or future contributions, log in to your account at www.principal.com or call us at 800.547.7754.



For questions regarding your H.S.A contact member services at memberservices@healthequity.com or call us at 866-346-5800.



Please contact your Human Resource department with any questions
HR@adamsbeverages.net

This is a high-level benefits guide of certain benefits your employer offers. The information in this booklet is intended as a general outline of the benefits offered under your employer's benefits program and should not be considered legal, investment or other benefits advice. Specific details and plan limitations are provided in the Summary Plan Descriptions (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail. Benefit plans are subject to change, amendment, or termination without notice to or the agreement of any employee/participant. All protected health information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage..

WELCOME

BENEFITS MENU | ENROLLMENT GUIDE

BENEFITS OFFERED

MY HEALTH

Medical | **Blue Cross Blue Shield of NC**
Pharmacy | **Express Scripts**
Dental | **Blue Cross Blue Shield of NC**
Vision | **VSP**
Health Savings Accounts | **Health Equity**

MY LIFE

Life and AD&D | **USAble**
Disability | **USAble**

MY EXTRAS

Virtual Visits | **TelaDoc**
401k | **Principal**

Your Benefit Period

June 1, 2025 – May 31, 2026

Adams Beverages is excited to continue providing a comprehensive benefits package for 2025.

And, for 2025, there are **NO RATE INCREASES** to the Medical benefits available to you!

Open Enrollment Dates: April 28th – May 9th.

Adams Beverages appreciates your commitment to our organization. We are equally committed to providing you with competitive and comprehensive benefits to help you take care of yourself and your family.

Enrollment will be completed within ADP, and you will be able to see plan summaries and payroll deductions for your benefit elections.

All team members have access to our online benefits enrollment platform 24/7 where you can enroll, select or change your benefits online during the annual open enrollment period, new hire orientation, and for qualifying events.

This will be a passive enrollment.

If you do not want to change your elections, you may leave them as current. However, we highly recommend that you review these elections to be sure they are still appropriate and cover your needs.



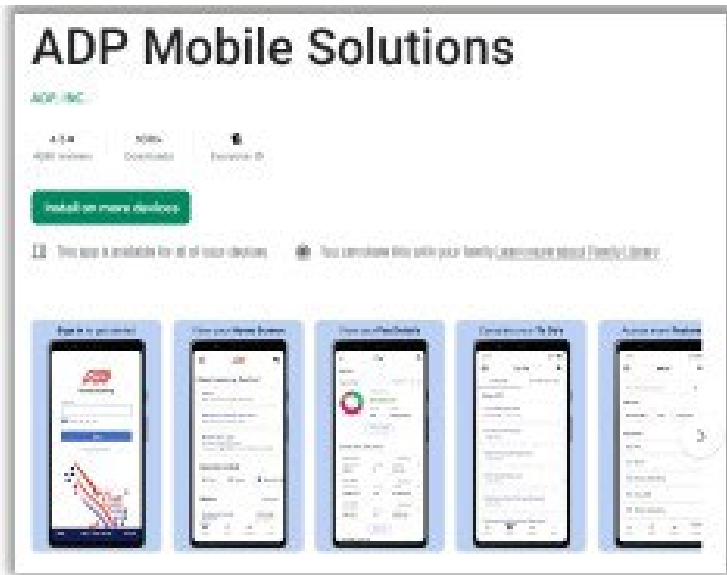
Helpful Tips To Consider Before You Enroll

- 1. Do you plan to enroll an *eligible dependent(s)*?**
If so, make sure to have their social security numbers and birthdates available. You cannot enroll your dependent(s) without this information.
- 2. Have you recently been *married/divorced or had a baby*?**
If so, remember to add or remove any dependent(s) and/or update your beneficiary designation.
- 3. Did any of your covered children reach their *26th birthday this year*?**
If so, they may no longer be eligible for benefits, unless they meet specific criteria.

OPEN ENROLLMENT THROUGH ADP MOBILE

This guide will assist users with how to download ADP Mobile Solutions and to use the mobile app to make their open enrollment benefit elections.

1. Download ADP Mobile Solutions



ADP® Mobile Solutions

For today's workforce on the go, ADP Mobile Solutions places secure and convenient tools right in your hands for simple, anytime access across devices.



Download the Free Mobile App



2. Enter your User ID and password, and then click **Sign In**.

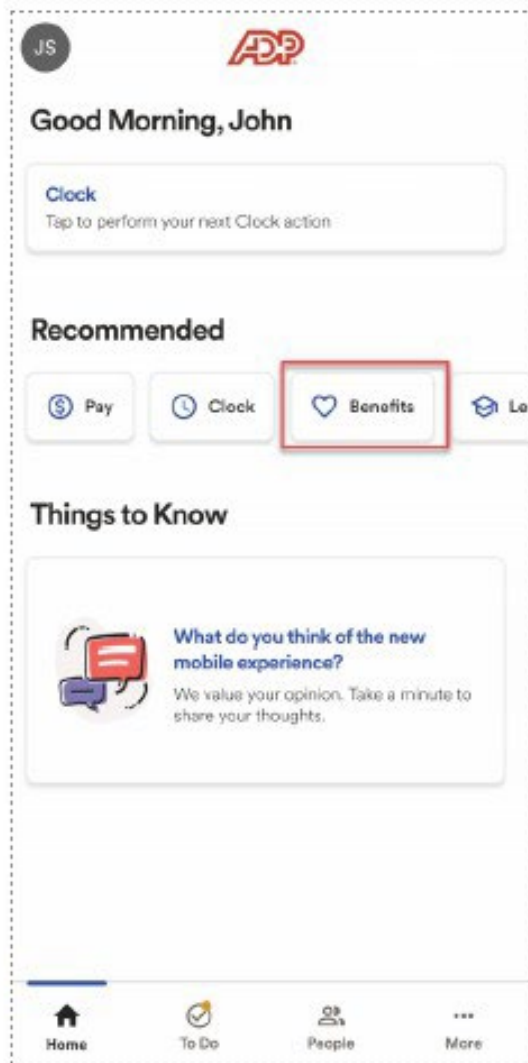


Note: If this is your first time logging in select the **New User? Create Account** link

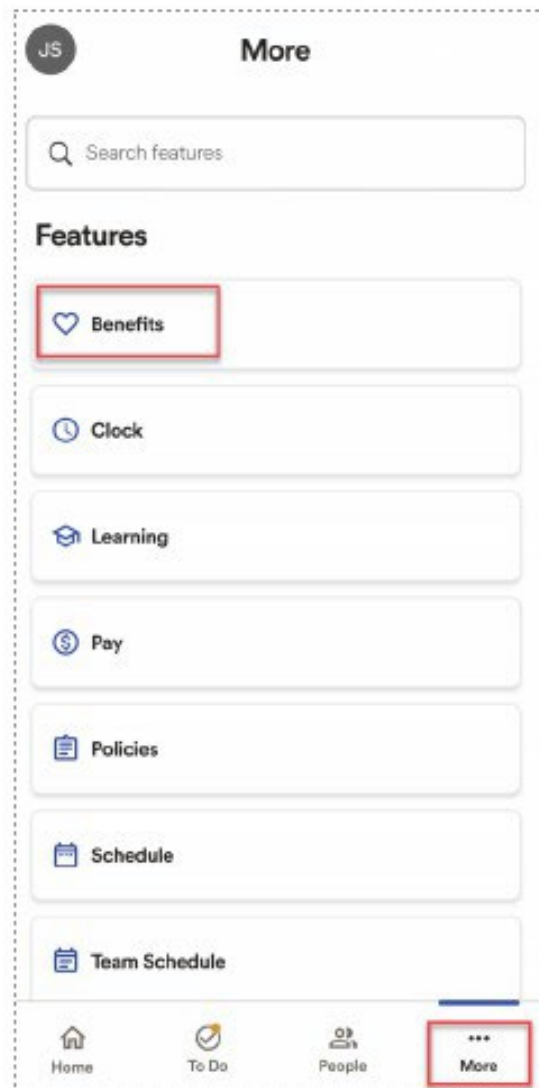


ADP MOBILE CONTINUED.....

Upon logging in, you will be presented with **Recommended** tiles. You can click on **Benefits**.

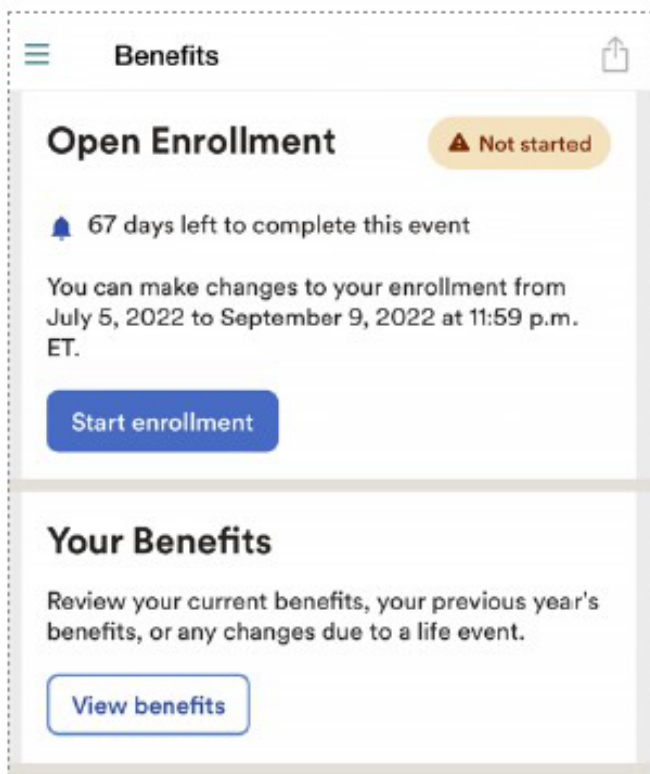


or go to **More** and select **Benefits**



ADP MOBILE CONTINUED.....

To start, click **Start enrollment**.



Benefits

Open Enrollment

⚠ Not started

🔔 67 days left to complete this event

You can make changes to your enrollment from July 5, 2022 to September 9, 2022 at 11:59 p.m. ET.

[Start enrollment](#)

Your Benefits

Review your current benefits, your previous year's benefits, or any changes due to a life event.

[View benefits](#)

You will be brought to the Welcome Note. Please review all information on this page, as there are often important references for your Open Enrollment options. Click **Continue** to begin.

Open Enrollment

Welcome to the Open Enrollment period. This enrollment period gives you the opportunity to make election changes for certain benefits. During this enrollment period you can:

- Make changes to plan contributions, such as health savings account (HSA) or retirement plans
- Add or change the level of your insurance coverage
- Add or update Beneficiary assignment
- Complete Beneficiary assignment

Please review your options and costs carefully. Once the enrollment period has ended your choices will be final until the next enrollment period or until you have a qualifying life event. Contact your Human Resources department if you have questions.

[Continue](#)

[Finish later](#)



ADP MOBILE CONTINUED.....

Benefit Elections

You may notice three sections now to complete your benefit elections. Action Required, Enrolled Plans and Eligible Benefits.

- **Action Required** –These are items that need to be reviewed to move forward. These plans could require a beneficiary or need to waive. As these items are complete, they will move to either the Enrolled benefits section or Eligible benefits section.
- **Enrolled Benefits** –These are benefit plans that the employee is enrolled in and can make changes. If the employee decides that they would like to waive a benefit or unenroll from a benefit within this section it will move to the Eligible Benefits section.
- **Eligible Benefits** –These are other benefit plans that are available to the employee to enroll in. If the employee selects a benefit plan in the eligible benefits section, they will move to the Enrolled benefit section.

When you click **view available plans**, all available plan options will be displayed on the screen.

Open Enrollment

Action Required

These plans need your attention. You can waive a benefit or click View available plans to update your information.

📄 Medical

🚩 Action Required

Multiple available options

You have 2 benefit options available to choose from. See what is right for you!

[View available plans](#)

[Waive benefit](#)

Eligible Benefits

You're eligible to enroll in the following plans.

📄 Health Savings Account

Multiple available options



ADP MOBILE CONTINUED.....

Please review and make changes to your benefits as needed. You cannot complete enrollment unless you take action on any benefits that are listed under **Action Required**.

When enrolling you need to designate **Covered Individual** in this plan by **clicking** on the box next to the applicable dependents name. You may then choose to **Preview and enroll** for the desired enrollment.

You will then be presented a screen to confirm your per paycheck costs, as well as the **Covered Individuals** in this plan. Click **Confirm**, to save your enrollment.

← Back

Medical

Covered Individuals

John Snow (You)

Sally Snow (Spouse)

[Manage dependents](#)

Available Plans

BT HDHP
(1 individual selected)

Provider
Aetna Inc.

\$0.00 Employer per paycheck cost	\$0.92 Employee per paycheck cost
---	---

[Preview and enroll](#)

[Back](#)

[Waive benefit](#)

← Back

Preview and Enroll

Aetna Inc.: BT HDHP

Covered Individuals
John Snow (You)
Sally Snow (Spouse)

Per Paycheck Costs
Total Cost Per Paycheck
\$1.85

[Confirm](#)

[Back](#)

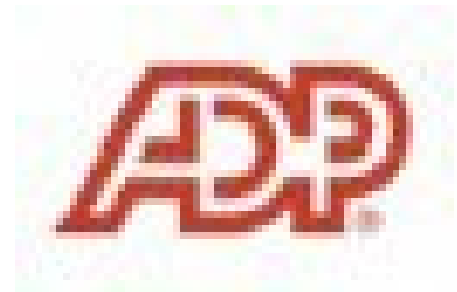


ADP MOBILE CONTINUED.....

- Please note: The coverage level for your enrollment (Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family) is driven by which dependents you select to enroll.
- You can click **Manage dependents** to add or edit dependents and beneficiaries during your enrollment process.

Once enrollment is confirmed you will receive confirmation and it will now reflect under **Enrolled plans.**

This screenshot shows the enrollment confirmation screen in the ADP mobile app. At the top, a green banner states "You enrolled in BT HDHP." Below this, the cost is listed as "Per Paycheck \$0.92" with a "Go to section" button. A yellow warning box indicates that benefit elections will not be effective until the user clicks "Submit enrollment." The "Enrolled plans" section lists "Medical" as "Enrolled" and "BT HDHP" with a cost of "\$0.92 Per Paycheck." At the bottom, there are three buttons: "Back to welcome", "Finish later", and "Submit enrollment".



If you chose to **waive** a benefit, you may be required to select a waive reason.

This screenshot shows a "Waive Benefit" dialog box. It asks, "Are you sure you want to waive Medical benefit?" and includes a warning that waiving means no coverage is required. Below the question is a "Waive Reason" section with a dropdown menu labeled "Select a reason". At the bottom, there are two buttons: "No, cancel" and "Yes, waive benefit".

This screenshot shows the "Waive Benefit" dialog box with a list of reasons for waiving a benefit. The question "Are you sure you want to waive Medical benefit?" is at the top. Below it, a list of reasons is provided: "Coverage does not meet my needs", "Do not want to be Insured", "Participating in Domestic Partner's Plan", "Participating in Parent's Plan", "Plan to participate in State Exchange Plan", "Participating in Spouse's Plan", "Participating in State Exchange Plan", and "Too Expensive".

ADP MOBILE CONTINUED.....

Voluntary Life Elections and Beneficiaries:

When you elect Voluntary Life, you will also need to select your beneficiaries. Start by clicking **View Available Plans**, and then choose the amount of coverage you want to elect from the drop down.

Insurance - Employee Life

(1 individual selected)

Provider
Guardian Life

Select Coverage Amount
Additional Coverage

\$180,000.00 -

Total Actual Coverage Amount
\$180,000.00

\$0.00

Employer per paycheck
cost

\$13.13

Employee per paycheck
cost

⚠ Evidence of Insurability will be required for this enrollment.

⚠ Over The Limit - Approval Required

The Total Actual Coverage Amount is over the guarantee issue amount of \$150,000.00. That amount requires Evidence of Insurability (EOI) and approval from the insurance carrier.

[Back](#)

If the amount selected is over the Guarantee Issue amount, an approval will be required, and you will be asked to collect an **Evidence of Insurability (EOI)** and submit it to your employer. Your full election amount will not be approved until this document is received.

To continue click **Preview and enroll**. Next you will want to enter your beneficiary designation. Including **Primary** and **Secondary**, if applicable. All beneficiary delegation percentages combined must equal 100% for each category (Primary or Secondary). Click **Confirm**.

Beneficiaries *

Allocate the percentages of your benefits payout. You can divide the percent paid to as many beneficiaries as you want, but the total must equal 100%.

	Primary	Secondary
Sally Snow	<input type="text" value="100"/> %	<input type="text" value="0"/> %
Spouse		
Total	100.00%	0.00%

[Manage Beneficiaries](#)

[Confirm](#)

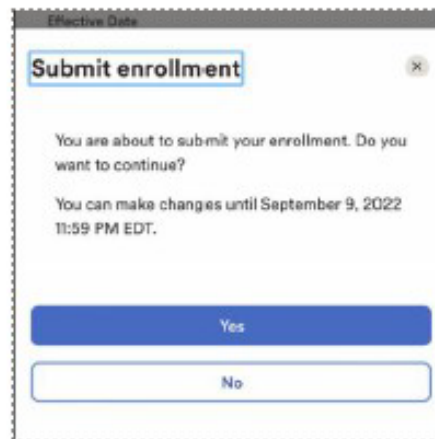
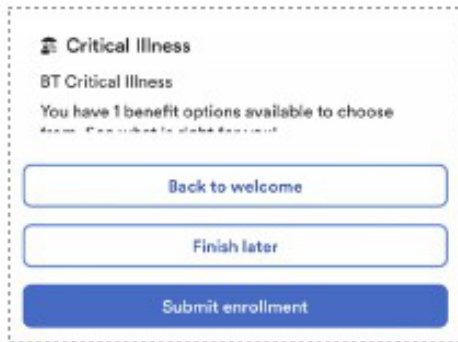
[Back](#)



ADP MOBILE CONTINUED.....

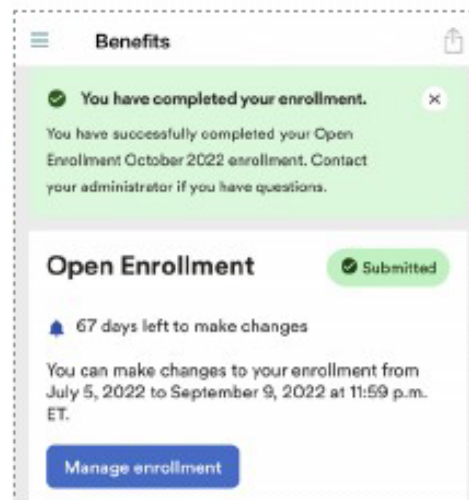
Note: At any time you can click “**Finish Later**” to save your enrollment information. If you start the enrollment process on mobile, and then move to the self service on your computer/desktop the information you saved on mobile will sync to desktop.

Continue through each plan type as applicable for your open enrollment period. Once you are ready to submit you will click **Submit enrollment**.



Note that your benefit elections will not be processed until you click **Submit enrollment** and receive confirmation. If you click **Finish Later** instead, these enrollments will not be submitted to your HR team but will be saved for a later time.

Please ensure you receive the confirmation note indicating your elections have been submitted.



ELIGIBILITY

RULES | REQUIREMENTS

EMPLOYEE ELIGIBILITY

You are eligible to participate if you are full-time and work a minimum of 30 hours per week. Your coverage will be effective on the first of the month following 60 days from your date of hire.

DEPENDENT ELIGIBILITY

You may also enroll eligible dependents for benefits coverage. A **'dependent'** is defined as the **legal spouse** and/or **'dependent child(ren)'** of the plan participant or the spouse.

The term 'child' refers to any of the following:

- A natural (biological) child;
- A stepchild;
- A legally adopted child;
- A foster child;
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner; or
- Disabled dependents may be eligible if requirements set by the plan are met.



The chart provided below explains who is eligible for coverage under each benefit plan type:

Line of Coverage	When coverage ends
Medical, Vision, Dental for Dep Children	The last day of the calendar month the child turns age 26.
Child Life Insurance:	The last day of the month the child turns 26.
Spouses are Eligible for:	Medical/Rx, dental, vision, life, Colonial

Qualifying Life Events

If you have a Qualifying Life Event and want to request a mid-year change, you must notify Human Resources and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Common life events include; Marriage, Divorce, New Dependent, Loss/gain of available coverage by you or any of your dependents.



Click on the above picture for more information about qualifying events

IMPORTANT

You cannot make changes to these elections during the year unless you experience a qualified family status change, which must be reported to Human Resources within 30 days of the event.

If you separate from employment, COBRA continuation of coverage may be available as applicable by law.

HEALTH

MEDICAL | PRESCRIPTION DRUGS

COMMON INSURANCE TERMS

A **PREMIUM** is the amount you pay for insurance, using pre-tax or post-tax dollars.

A **COPAYMENT (COPAY)** is a fixed amount you pay to receive services. Your co-payment(s) will count towards your out-of-pocket maximum but not your deductible. (e.g., \$30 for every visit to the doctor), while your insurance company pays the rest.

A **DEDUCTIBLE** is the amount of money you are responsible for paying each year before the plan begins to pay for covered services, with the exception of preventive care services, which are covered at 100% In-Network.

COINSURANCE This is your share of the expense of covered services after your deductible has been paid when the company plan is paying a percentage. The coinsurance rate is usually a percentage.

OUT-OF-POCKET (OOP) MAXIMUM is the most you pay per Plan Year for health care expenses and applies to deductibles, flat-dollar copays and coinsurance for all covered services – including cost-sharing amounts for prescription drugs.

Once this limit is met, the plan will cover all in-network services at 100% until the end of the plan year.



Click on the above picture for more information about Benefit Key Terms

PPO Base Plan HSA In-Network & Out-of-Network Benefits Available

The HDHP is similar to the PPO Plan in that you have the option to choose any provider when you need care. However, in exchange for a lower per-paycheck cost, you must satisfy a higher deductible that applies to almost all health care expenses, including those for prescription drugs.

All expenses are your responsibility until the deductible is reached, with the exception of preventive care, which is covered at 100% when you visit a physician in the network. Once the deductible is met, you are responsible for coinsurance for medical expenses and a copay for prescription drug expenses.

Enrolling in this plan allows you to contribute tax free dollars to a health savings account (HSA). Any dollars that you (and your employer) wish to contribute can be used towards any eligible medical, Rx, dental and vision expenses that you may incur while covered under the plan. See HSA section of this guide for additional details.

The Buy-Up PPO In-Network & Out-of-Network Benefits Available

The PPO option offers the freedom to see any provider when you need care. When you use providers from within the PPO network, you receive benefits at the discounted network cost. Most expenses, such as office visits, emergency room and prescription drugs are covered by a copay. Other expenses are subject to a deductible and coinsurance.

***OUT-OF-NETWORK** charges in the above plans are subject to reasonable and customary limitations, which means you are responsible for charges over this amount in addition to separate deductible and coinsurance. Any services received from an out-of-network provider, with the exception of a true emergency, will not be covered.

Did You Know?

- ✓ **Preventive Services** are covered at **100% In-Network** and copays & deductibles do not apply.
- ✓ You **pay less** out of pocket if you receive care from an **In-Network provider**.



**BlueCross BlueShield
of North Carolina**

How do I find an In-Network Provider?

In-Network providers can be found on your provider's website www.bluecross.com under "Find a Doctor". Select Group Health Plans (Blue Options).

MEDICAL

HEALTH | PLAN COMPARISON

For the Health of You and Your Family

Your health benefits provide important protection to keep you and your family in good health. As an eligible employee at Adams Beverages you have the option of two medical plans, both are outlined below. These plans provide the option of using both in-network and out-of-network providers, but you will realize your biggest savings with in-network providers whenever possible.

These plans are administered by  **BlueCross BlueShield of North Carolina**

	Base Plan (HSA Qualified HDHP)		Buy-Up (PPO Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$2,500	\$5,000	\$2,000	\$4,000
Family	\$5,000	\$10,000	\$4,000	\$8,000
Coinsurance	30%	60%	20%	50%
Out-of-pocket Maximum				
Individual	\$5,000	\$10,000	\$4,000	\$8,000
Family Member	\$7,000	\$14,000	\$4,000	\$8,000
Family Aggregate	\$10,000	\$20,000	\$8,000	\$16,000
Hospitalization	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Emergency Room	Ded/Coins	Ded/Coins	\$500 Copay	\$500 Copay
Urgent Care	Ded/Coins	Ded/Coins	\$70 Copay	\$70 Copay
Virtual Visits – TeleDoc	Ded/Coins (approx. \$45)	Ded/Coins	\$10 Copay	N/A
Office Visit				
Primary Care	Ded/Coins	Ded/Coins	\$35 Copay	Ded/Coins
Specialist	Ded/Coins	Ded/Coins	\$70 Copay	Ded/Coins
Preventative Care	100%	100%	100%	100%
Prescription Drug Plan				
Adams Beverages Pharmacy benefits are with Express Scripts				
Tier 1	Ded/Coins	Ded/Coins	\$10	\$10
Tier 2	Ded/Coins	Ded/Coins	\$30	\$30
Tier 3	Ded/Coins	Ded/Coins	75% up to \$100	75% up to \$100
Tier 4	Ded/Coins	Ded/Coins	100% up to \$100	100% up to \$100
Tier 5	Ded/Coins	Ded/Coins	100% up to \$100	100% up to \$100

Your Care Options and When to Use Them.

Primary Care Physician (PCP)

For routine, primary/preventive care, or non-urgent treatment, we recommend going to your doctor's office for medical care. Your doctor knows you and your health history, and has access to your medical records. You may also pay the least amount out-of-pocket when you receive care in your doctor's office.

Urgent Care Centers vs. Freestanding Emergency Rooms

Freestanding emergency rooms look a lot like the urgent care centers you are likely used to, but the costs and services are drastically different. In general, consider an urgent care center as an extension of your PCP, while freestanding emergency rooms should be used for health conditions that require a high level of care. Research the options in your area and determine which ones are covered by your insurance plan's network; note that balance billing may apply. Choosing an urgent care center for everyday health concerns could save you hundreds of dollars.

PRESCRIPTION DRUGS

Rx | PLAN COMPARISON

TRADITIONAL DRUGS

TIER 1 (GENERIC) | Lowest copay: Most drugs in this category are generic drugs. Members pay the lowest copay for generics, making these drugs the most cost-effective option for treatment.

TIER 2 | Higher copay: This category includes preferred, brand name drugs that don't yet have a generic equivalent. These drugs are more expensive than generics, and a higher copay.

TIER 3 | Highest copay: In this category are nonpreferred brand name drugs for which there is either a generic alternative or a more cost-effective preferred brand. These drugs have the highest copay. **Make sure to check for mail order discounts that may be available.**

SPECIALTY DRUGS

TIER 4 | Lowest specialty drug copay: Tier 4 specialty drugs are generally more effective and less expensive than nonpreferred specialty drugs in tier 5.

TIER 5 | Highest specialty drug copay: These drugs have the highest copay for specialty drugs, usually because there may be a more cost-effective generic or preferred brand available.

[Express Scripts Members: Manage Your Prescriptions Online \(express-scripts.com\)](#)



Rx Copays	Buy-up Plan	Base Plan (HSA Qualified HDHP)
TIER 1 (Value / Generic)	\$10	Deductible/Coinsurance
TIER 2	\$30	Deductible/Coinsurance
TIER 3	75% up to \$100	Deductible/Coinsurance
TIER 4	100% up to \$100	Deductible/Coinsurance
TIER 5	100% up to \$100	Deductible/Coinsurance

WHERE CAN I FIND A DRUG LIST?

Typically, a full listing of covered drugs is found on your provider's website. A drug list, also called a formulary, is a list of generic and brand-name drugs covered by a health plan. Although a drug may be on the drug list, it might not be covered under every plan. Review the plan materials for details on specific benefits.

You can use drug lists to see if a medication is covered by your health insurance plan. You can also find out if the medication is available as a generic, needs prior authorization, has quantity limits and more.

Helpful Rx Cost Savings Tools & Tips:

MAIL ORDER - Many drugs are available in a 90-day supply, rather than the 30-day retail supply. Typically, you will pay less if you choose to get a mail order 90-day supply.

GOOD Rx - There are many tools online that you can use in order to save on prescription costs. One being GoodRx.com, an online Rx database that allows you to find what pharmacy is the cheapest for your specific prescription. Additionally, you may be able to find a coupon that will greatly reduce your cost. It is important to remember that many of the coupons can only be used outside of your plan (will not count towards your maximums).

ASK YOUR DOCTOR - Make sure to ask if there are cost savings alternatives to the prescription they are providing. Many times, there are generic or different manufacturers that will save you money at the pharmacy.



Save Money With Generic (Tier 1) Drugs

Ask your doctor if it's appropriate to use a generic drug rather than a brand.

Generic drugs are less expensive, and according to the FDA, they contain the same active ingredients and are identical in dose, form and administrative method as a brand name.

MEDICAL

2025-2026 Health Plan Cost

2025-2026 Health Plan Cost		Payroll deduction (Semi-Monthly)
Base (HSA Qualified HDHP)	Employee Only	\$107.78
	Employee/Spouse	\$230.79
	Employee/Child(ren)	\$150.01
	Family	\$323.10
Buy-up (PPO Plan)	Employee Only	\$184.45
	Employee/Spouse	\$337.88
	Employee/Child(ren)	\$219.62
	Family	\$473.03

Payroll deductions for each tier and plan are the SAME as 2024-2025 amounts

Spousal Surcharge

If you are enrolling your spouse in the Adams Beverages medical plan and they have access to PPACA qualified health coverage with their employer, you will be charged a monthly spousal surcharge of \$75.00 to be payroll deducted semi-monthly. If you are enrolling your spouse in medical coverage and they do not have access to medical benefits through their employer, or they are not employed, please complete the spouse surcharge waiver affidavit during the open enrollment through the ADP enrollment system.

* The Spouse surcharge waiver affidavit can be found in ADP



Click on the above picture for more information about High Deductible Health Plan (HDHP) vs PPO

HOW TO REGISTER FOR Blue Connect

Have your Blue Cross NC member ID card on hand and follow the instructions below.

1

Navigate to BlueConnectNC.com then click Member Login.

Click **Register Now**. The following screen will appear.

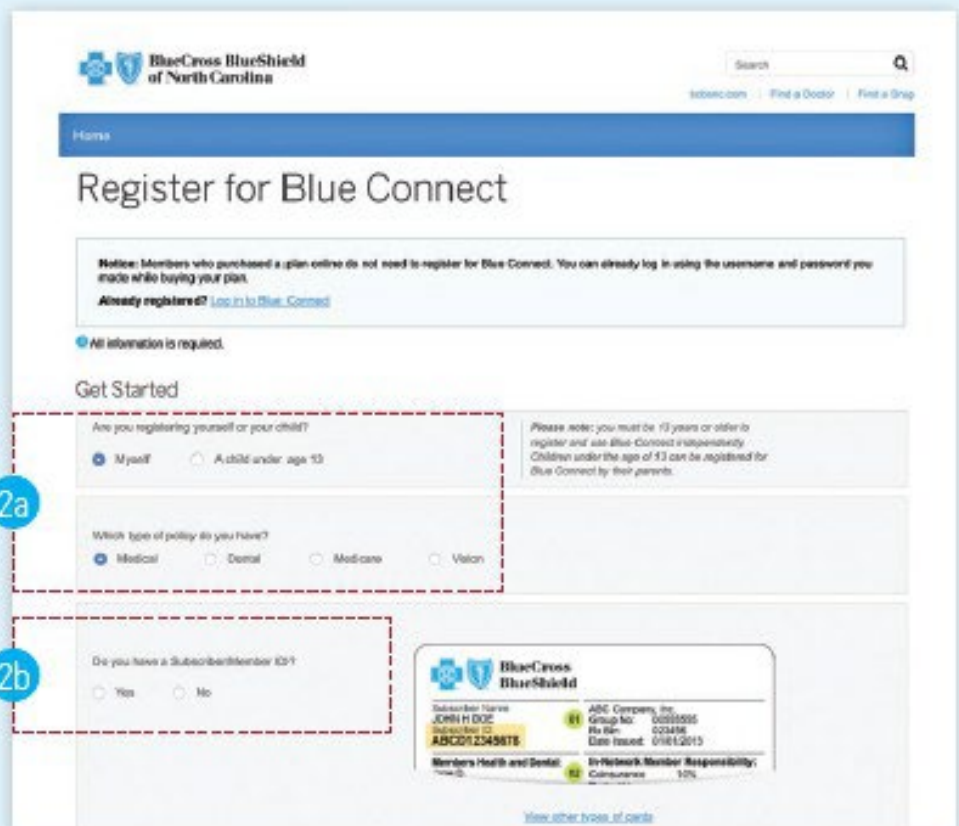
Note: You can still register even if you don't have your member ID card. Just keep reading.



2a

Complete the two questions in the **Get Started** section.

When you select Medical, Dental, Vision or Medicare, the screen will expand to display an additional question: "Do you have a Subscriber/Member ID?"

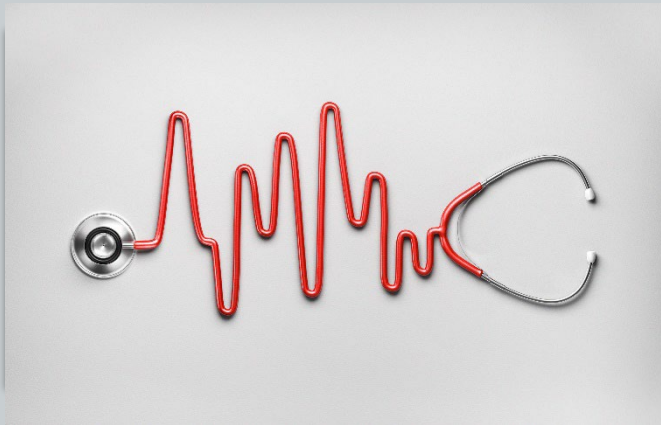


ONLINE HEALTHCARE

24/7 | VIRTUAL DOCTOR VISITS/ TELEHEALTH

**No crowded waiting rooms.
No Driving.
See a doctor when you need a doctor.**

A virtual visit lets you see and talk to a doctor from your mobile device or computer. When you use one of the provider groups in our virtual visit network, you have benefit coverage for certain non-emergency medical conditions. Costs must be paid by you at the time of the virtual visit and will apply toward your deductible and out-of-pocket maximum.



WHEN CAN I USE A VIRTUAL VISIT?

When you have a non-emergency condition and:

- your doctor is not available;
- you become ill while traveling;
- When you are considering visiting a hospital emergency room for a non-emergency health condition.

**Your covered children may also use Virtual Visits when a parent or legal guardian is present for the visit.*

Examples of Non-Emergency Conditions:

- | | |
|---------------------|----------------|
| ✓ Bladder infection | ✓ Rash |
| ✓ Bronchitis | ✓ Seasonal flu |
| ✓ Diarrhea | ✓ Sinus |
| ✓ Fever | ✓ Sore throat |
| ✓ Pink eye | ✓ Stomach |

HOW DOES IT WORK?

The first time you use a Virtual Visits provider, you will need to set up an account with that Virtual Visits provider group. You will need to complete the patient registration process to gather medical history, pharmacy preference, primary care physician contact information, and insurance information.

Each time you have a virtual visit, you will be asked some brief medical questions, including questions about your current medical concern. If appropriate, you will then be connected using secure live audio and video technology to a doctor licensed to deliver care in the state you are in at the time of your visit. You and the doctor will discuss your medical issue, and, if appropriate, the doctor may write a prescription* for you.

Virtual Visits doctors use e-prescribing to submit prescriptions to the pharmacy of your choice. Costs for the virtual visit and prescription drugs are based on, and payable under, your medical and pharmacy benefit. They are not covered as part of your Virtual Visits benefit.

**Prescription services may not be available in all states.*

HOW DO I GET ACCESS?



3 ways to sign up today

So it's ready when you need it!



Download the Teladoc mobile app
(iOS- / Android-supported)



Go to [Teladoc.com](https://www.teladoc.com) and click "Log in/Register"



Call 1-800-835-2362
(1-800-TELADOC)

Please Note:

You must wait until your health plan effective date before registering for telehealth services.



HEALTH SAVINGS ACCOUNT

HSA | TAX SAVING VEHICLE

Health
Equity

ENROLLED IN AN HSA ELIGIBLE HEALTH PLAN?

Take charge of your health care spending with a Health Savings Account (HSA). Contributions to an HSA are tax-free, and no matter what, the money in the account is yours!

A Health Savings Account (HSA) is a tax-free savings account is owned by you, is 100% vested from day one, and let's you build up savings for future needs. The funds may be used to pay for qualifying healthcare expenses not covered by insurance or any other plan for yourself, your spouse, or tax dependents. You decide how much you would like to contribute, when and how to spend the money on eligible expenses, and how to invest the balance.

UNDERSTANDING YOUR HSA

- Pre-tax contributions are deducted through payroll and deposited into your HSA account;
- You can use your HSA available funds to pay for qualified medical expenses tax-free;
- HSA funds can be used for non-eligible expenses but will be subject to regular income taxes and a 20% excise tax penalty.
- Unused funds remain in your account for future use and roll over each calendar year;
- HSAs remain with you even if you change health plans or companies. If you open an HSA and later become ineligible to make contributions, you can still use your remaining funds; and
- You can change your HSA contribution at any time during the plan year for any reason.

2025 | HSA FUNDING LIMITS

Each year, the IRS places a limit on the maximum amount that can be contributed to HSA accounts.

HSA Contribution Limits

Employee	\$4,300
Two Person/Family	\$8,550

HSA "Catch-Up" Contributions

Age 55 or older	\$1,000 a year
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Employer HSA Contribution

Adams Beverages will match the Employee contribution up to \$500 annually.

Source: IRS, Rev. Proc. 2020-30

HEALTH SAVINGS ACCOUNT

HSA | TAX SAVING VEHICLE

Health
Equity®

HSA ELIGIBILITY REQUIREMENTS

To have an HSA and make contributions to the account, you must meet several basic qualifications.

- ✓ To be eligible to open and contribute to an HSA, you must have coverage under a qualified High Deductible Health Plan (HDHP).
- ✓ Participants cannot be covered by any other health insurance plan (this exclusion does not apply to certain other types of insurance, such as dental, vision, disability or long-term care coverage);
- ✓ Participants cannot participate in a Healthcare FSA or spouse/domestic partner's Healthcare FSA or Health Reimbursement Account (HRA).
- ✓ Participants cannot be enrolled in Medicare or Medicaid.
- ✓ You cannot be eligible to be claimed as a dependent on someone else's tax return.
- ✓ You have not received Department of Veterans Affairs Medical benefits in the past 90 days, unless the Veteran has a disability rating. *(There may be additional special circumstances, check with your tax preparer).*

MAINTAINING RECORDS

To protect yourself in the event that you are audited by the IRS, keep records of all HSA documentation and itemized receipts for at least as long as your income tax return is considered open (subject to an audit), or as long as you maintain the account, whichever is longer.

The IRS requires HSA funds to be used for qualified expenses only. If you use HSA funds for non-eligible expenses, you will be subject to regular income taxes and an additional 20% excise tax penalty.

ELIGIBLE HSA EXPENSES*

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limb
- Automobile modifications for a physically handicapped person
- Birth control pills
- Blood pressure monitoring device
- Braille books & magazines
- Chiropractic care
- Christian science practitioner
- COBRA premiums
- Contact lenses & related materials
- Crutches
- Dental treatment
- Dentures
- Diagnostic services
- Drug addiction treatment
- Eye examination
- Eye glasses & related materials
- Fertility treatment
- Flu shot
- Guide dog or other animal aide
- Hearing aids
- Hospital services
- Immunization
- Insulin
- Laboratory fees
- Laser eye surgery
- Long-term care premiums or expenses
- Medical testing device
- Nursing services
- Obstetrical expenses
- Organ transplant
- Orthodontia (not for cosmetic reasons)
- Oxygen
- Physical exam
- Physical therapy
- Prescription drugs
- Psychiatric care
- Retiree medical insurance premiums
- Smoking cessation program
- Surgery
- Transportation for medical care
- Weight loss program
- Wheelchairs and more*.

***A full list of qualified expenses can be found in IRS Publication 502 at www.irs.gov.**



Click on the picture for more information about Health Savings Account

DENTAL

COVERAGE OVERVIEW

COMMON TERMS

PRE-TREATMENT ESTIMATE

If your dental care is extensive and you want to plan ahead for the cost, you can ask your dentist to submit a pre-treatment estimate. While it is not a guarantee of payment, a pre-treatment estimate can help you predict your out-of-pocket costs.

DUAL COVERAGE

You might have benefits from more than one dental plan, which is called dual coverage. In this situation, the total amount paid by both plans can't exceed 100% of your dental expenses. And in some cases, depending on the specifics of the plans, your coverage may not total 100%.

LIMITATIONS AND EXCLUSIONS

Dental plans are intended to cover part of your dental expenses, so coverage may not extend to your every dental need. A typical plan has limitations such as the number of times you can receive a cleaning each year. In addition, some procedures may be not be covered under your plan, which is referred to as an exclusion.

PREVENTION FIRST!

Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits.

Preventive care services are covered at 100% if you visit an In-Network provider. They are also not subject to the annual deductible.



	DENTAL PLAN	
	In-Network	Out-of-Network
Preventive/Diagnostic Services (Class I)		
Routine Exam & Cleaning	100%	UCR 100%
X-ray (full mouth and bitewing)	100%	UCR 100%
Flouride	100%	UCR 100%
Sealants	100%	UCR 100%
Space Maintainers	100%	UCR 100%
Basic Services (Class II)		
Restorations	80%	UCR 80%
Emergency Treatment	80%	UCR 80%
Endodontics	80%	UCR 80%
Simple Extractions	80%	UCR 80%
Oral Surgery (and Surgical Extractions)	80%	UCR 80%
Major Services (Class III)		
Surgical Extractions	50%	UCR 50%
Inlays/Onlays/Crowns	50%	UCR 50%
Periodontics	50%	UCR 50%
Dentures	50%	UCR 50%
Orthodontics		
Eligibility	Members up to age 18	
Lifetime Maximum	\$1,250	
Additional Information		
Deductible (applies to Basic & Major Services)	\$50 Individual/ \$150 Family	
Plan Year Maximum	\$1,250 (all services)	

2025-2026 Dental Plan Cost

	Employee payroll deduction Semi-Monthly
Employee Only	\$15.18
Family	\$43.74

You have the freedom to select the dentist of your choice; however, when you visit a participating in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf.

VISION

COVERAGE OVERVIEW

Under this plan, you may use the eye care professional of your choice. However, when you visit a participating in-network provider, you receive higher levels of coverage. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form.



	VISION PLAN	
	In-Network	Out-of-Network (Reimbursement)
Exam	\$10 copay	Up to \$50
Materials	\$10 copay	Schedule allowance
Eyeglasses		
Single Vision Lenses	\$30 copay	Up to \$30
Lined Bifocal Lenses	\$30 copay	Up to \$50
Lined Trifocal Lenses	\$30 copay	Up to \$65
Progressive Lenses, Polycarbonate Lenses, Tints, UV and Anti-Reflective Coating	Refer to allowance schedule.	May be available at a discount.
Frames	\$30 copay, then \$130 retail frame allowance* <i>20% discount - for cost that exceed the frame allowance and on additional pair of glasses</i> *COSTCO - \$70 retail frame allowance	Up to \$70 allowance
Contact Lenses:		
Elective & Conventional Disposable	\$20 copay, then \$130 allowance	Up to \$105 allowance
Medically Necessary	\$20 copay	Up to \$105 allowance
Frequencies:	Exam - Once every 12 months	
	Lenses - Once every 12 months	
	Frames - Once every 24 months	

2025-2026 Vision Plan Cost

	Employee payroll deduction Semi-Monthly
Employee Only	\$3.95
Employee/Spouse	\$6.32
Employee/Child(ren)	\$6.45
Family	\$10.39

SEE WELL.
BE WELL.®



WELCOME TO VSP!

We believe in the connection between your vision and your overall health. As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.



USING YOUR BENEFITS IS EASY



Create an account on vsp.com to view your in-network coverage, and find the VSP network doctor who's right for you.



With access to over \$3,000 in savings, discover VSP Exclusive Member Extras to maximize your benefits and save even more.



Print a Member Vision Card—if you'd like one. There's no ID card necessary—just tell your provider you have VSP.

You deserve personalized, affordable vision care, delivered with your overall well-being in mind. We're committed to helping you experience a lifetime of healthy vision: **See Well. Be Well.®**

**YOUR WELL-BEING
IS AT THE HEART
OF EVERYTHING
WE DO.**

Create an account, find your local VSP network doctor, and see your benefit at vsp.com today!

Questions? vsp.com | 800.877.7195

BASIC LIFE

COVERAGE OVERVIEW



BENEFICIARY(IES)

It's very important to designate beneficiaries. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction.

A Beneficiary is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

It is also important that you name a **Primary** and **Contingent Beneficiary**. A contingent beneficiary will receive the benefits of your life insurance if the primary beneficiary cannot. You can change beneficiaries at any time.

You should review your beneficiary elections on a regular basis to ensure they are updated as life changes. Even if you are single, your beneficiary can use your Life Insurance to pay off your debts, such as: credit cards, mortgages, and other expenses.

**You designate your beneficiary(ies) when enrolling for your benefits.*

BASIC LIFE INSURANCE

Life insurance is an important part of your financial security. Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. AD&D insurance is equal to your Life benefit in the event of your death being a result of an accident and may also pay benefits for certain injuries sustained.

Benefit Detail	Basic Life
All Full Time Eligible Employees	1 Times Base Annual Earnings to Maximum of \$350,000
All Eligible Dependent Spouse	\$5,000
All Eligible Dependent Children	\$500 – to 6 months \$2,500 – 6 months to age 26
Age Reduction Schedule	Reduces to 65% at age 65 & 50% at age 70. Spouse benefit terminates at age 70.



Click on the above picture for more information about Group Term Life Insurance,



WHAT WILL MY BENEFICIARY RECEIVE?

In The Event That Death Occurs:

- Your Basic Life insurance is paid to your beneficiary.
- **If death occurs from an accident:** 100% of the AD&D benefit would be payable to your beneficiary(ies) in addition to your Basic Life insurance.

DISABILITY

SHORT-TERM | LONG-TERM



SHORT-TERM DISABILITY (STD)

Everyday illnesses or injuries can interfere with your ability to work. Even a few weeks away from work can make it difficult to manage household costs.

Short Term Disability coverage provides financial protection for you by paying a portion of your income, so you can focus on getting better and worry less about keeping up with your bills.

LONG-TERM DISABILITY (LTD)

Serious illnesses or accidents can come out of nowhere. They can interrupt your life, and your ability to work for months – even years.

Long Term Disability provides financial protection for you by paying a portion of your income, so you have financial support to manage your disability and your household.

PLAN FEATURES	SHORT-TERM DISABILITY (STD)	LONG-TERM DISABILITY (LTD)
Cost of Coverage	Adams Beverages pays 100%	Voluntary Benefit Employee is responsible for 100% of the cost
Elimination Period <i>This is the number of days that must pass between your first day of a covered disability & the day you can begin to receive your disability benefits.</i>	Benefits begin on the 1st day of an accident and the 8th day of an illness (including pregnancy)	Your elimination period is 90 days (if elected, this will be the benefit duration of Short-Term Disability)
Benefit Duration <i>The maximum number of weeks you can receive benefits while you are sick or disabled.</i>	Payments may last up to 13 weeks You must be sick or disabled for the duration of the waiting period before you can receive a benefit payment.	Payments will last for as long as you are disabled, or until you reach Retirement Age (age 65), whichever is sooner You must be sick or disabled for the duration of the elimination period before you can receive a benefit payment.
Coverage Amount	Covers 60% of your weekly income , up to a maximum benefit of \$500 per week .	Covers 60% of your monthly income , up to a maximum benefit of \$5,000 per month .
What's covered?	A variety of conditions and injuries. Typical claims would include pregnancy, injuries, joint, back and digestive disorders.	A variety of conditions and injuries. Typical claims would include cancer, back disorders, injuries and poison, cardiovascular, joint disorders.
Definition of Earnings	Base Salary <i>(excludes commissions and bonuses)</i>	Base Salary <i>(excludes commissions and bonuses)</i>
ADDITIONAL PLAN PROVISIONS		
Benefit Payment Frequency	Weekly benefit may be reduced or offset by other sources of income.	Monthly benefit may be reduced or offset by other sources of income.
Cost Calculation	Composite Rate per \$10 of Benefit	Age Rated Benefit – Cost depends on your age upon the effective date
Waiver of Premium	If you're disabled and receiving benefit payments, your cost may be waived until you return to work.	If you're disabled and receiving benefit payments, your cost may be waived until you return to work.
Pre-Existing Condition Limitation	You have a pre-existing condition if you have received: medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and the disability begins in the first 6 months after your effective date of coverage.	You have a pre-existing condition if you have received: medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 12 months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage.

Certain exclusions and any pre-existing condition limitations may apply. Please refer to the Provider's detailed benefit summary for details.

SUPPLEMENTAL LIFE

COVERAGE OPTIONS FOR YOU & THE FAMILY

Adams Beverages will be transitions to USAbLe as of January 1, 2025



SUPPLEMENTAL LIFE INSURANCE

Employees have the opportunity to enroll in supplemental Life insurance. If you choose to enroll in employee coverage, this will be in addition to your employer provided Basic Life coverage. Coverage is also available for your spouse and/or child dependents. It is typically required that you elect coverage for yourself in order to be eligible for coverage on your dependents.

PLAN OPTIONS

Cost of Coverage	Premiums are based on age-rated tables and paid by the employee every pay period through a payroll deduction. These premiums are post-tax and benefits payable are tax-free.		
Coverage Options	<u>Employee Coverage</u> Choose in \$10,000 increments up to the lesser of 5x your annual salary or \$200,000	<u>Spouse Coverage</u> Choose in \$5,000 increments up to the lesser of 50% of the amount you elect for yourself or \$100,000	<u>Dependent Coverage</u> \$1,000 –Birth to 6 months \$5,000/\$10,000 – 14 days to age 26. (not to exceed 100% of employee amount).
Do I have to take a health exam to get coverage?	If you and your dependents enroll in coverage at your initial eligibility date, you may apply for up to the Guaranteed Issue amounts without medical questions.		
Guaranteed Issue	<u>Employee</u> \$150,000 under age 70	<u>Spouse</u> \$30,000 under age 70	<u>Dependent</u> \$10,000

PLAN PROVISIONS

Cost Calculation	Age Rated Benefit (Spouse Life based on employee's age)	
Benefit Reduction Schedule	<u>Employee Coverage Will Reduce To:</u> – 65% of the original amount at age 65 – 50% of the original amount at age 70	<u>Spouse Coverage Will Reduce By:</u> The same amount and at the same time your coverage reduces
Portability	If your employment ends or you retire, you may be eligible to continue your term insurance at group rates.	
Conversion	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.	



*Guaranteed Issue (GI) and Evidence of Insurability (EOI)

When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to the Guaranteed Issue (GI) for yourself and your spouse without providing proof of good health (EOI). Annually, you are able to increase elections 1 increment up to GI without proof of good health.

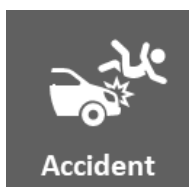
Any amount elected over the GI will require EOI. If you elect optional life coverage, and are required to complete an EOI, it is your responsibility to complete the EOI and send to the provider (address will be listed on your form). In addition, your spouse will need to provide EOI to be eligible for coverage amounts over GI, or if coverage is requested at a later date.

VOLUNTARY BENEFITS

Accident | Critical Illness | Hospital Indemnity

Adams Beverages provides all eligible full-time Employees with the opportunity to enroll in Voluntary Benefit coverages through Colonial Life. These coverages are available to assist with unexcepted medical expenses.

[Please log into ADP to access employee cost and Specific information on these coverages.](#)



Accident Insurance

A serious injury can cost you a lot of money – not only in medical bills but in things like income from lost work hours. Some injuries are minor, but others are debilitating and require significant medical care. If you get hurt, accident insurance pays you money that you can use to cover personal expenses, bills, and out-of-pocket medical costs.

Who Gets Paid?

You get paid. When you have a covered accident or injury, your health insurance company pays your doctor or hospital, but your accident insurance company pays you.

What's Covered?

Not all accidents are “qualifying injuries.” The kinds of accidents that are covered can vary by plan, but accident insurance plans typically cover things like:

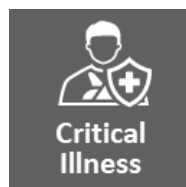


If you have a covered injury, accident insurance can help you pay for things like:

- Emergency Room Visits
- Ambulance Transportation
- Hospital Admissions & Per Diem Charges
- Intensive Care & Rehabilitation Unit Care
- Diagnostic Exams
- Follow-up Treatments
- Physical Therapy

What it Doesn't Cover

Accident insurance will not typically cover things like check-ups or hospitalization due to illness. Accident insurance will not cover you for injuries suffered before you purchased the plan.

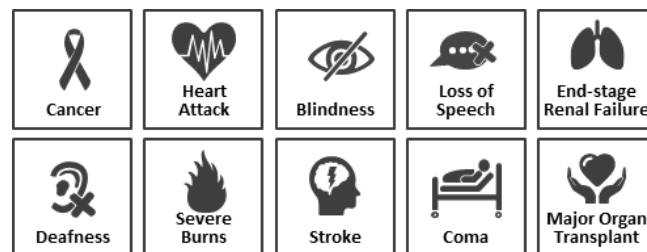


Critical Illness Insurance

How would you pay your bills if you were suddenly diagnosed with cancer and couldn't work? Critical illness insurance doesn't pay your medical bills. It pays you if you're diagnosed with a covered illness. The benefit is paid directly to you and is your choice how to spend it.

What's Covered?

Critical illness can vary widely from one another. Some may focus on a single specific diagnosis, while others may provide you with coverage for a range of possible diagnoses, such as:



More Details

Pre-Existing Condition Limitation: Benefits for a pre-existing condition (defined as a sickness or injury, or symptoms of one, whether diagnosed or not, for which you received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine, or had been prescribed medicine or drugs to be taken in the 12 months prior to your effective date) will not be paid during the first 12 months the policy is in force.

Hospital Indemnity Insurance

Group Medical Bridge™ insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement - \$1,000 per day

Maximum of one day per covered person per calendar year

Waiver of premium

Available after 30 continuous days of a covered confinement of the named insured

Daily hospital confinement . . . \$100 per day

Maximum of 365 days per covered person per confinement. Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement.

person per calendar year for Tier 1 and 2 combined Maximum of one day per outpatient surgical procedure

Diagnostic procedure \$500 per day

Maximum of one day per covered person per calendar year

Outpatient surgical procedure

■ Tier 1 - \$500 per day

■ Tier 2 - \$1,000 per day

Maximum of \$1,500 per covered





The following section includes information about your benefits.

- **401K INFORMATION**



401k Plan Summary



Eligibility and entry

Requirements for all contributions

Age	None
Service	6 months of service
Hours of service	Not applicable
Entry service period	Not applicable
Entry date	Immediate



Deferrals and employee contributions

Elective deferral contributions	Allowed	Elective deferral (pre-tax) Catch-up deferral (pre-tax) Roth deferral (after-tax) Roth catch-up deferral (after-tax)
Minimum deferral	None	
Maximum deferral	100.00%	
When deferrals can be changed	Any date	
When deferrals can be stopped	Any date	
Rollovers	Allowed	



Employer contributions

Matching contributions	Allowed Match formula: Refer to plan documentation Catch-up contributions matched: Yes Vesting schedule: < 1 Year = 0%, 1 Year = 0%, 2 Years = 20%, 3 Years = 40%, 4 Years = 60%, 5 Years = 80%, 6 Years = 100%
Discretionary contributions	Allowed Vesting schedule: < 1 Year = 0%, 1 Year = 0%, 2 Years = 20%, 3 Years = 40%, 4 Years = 60%, 5 Years = 80%, 6 Years = 100%



401k Plan Summary continued



Loans

Loans allowed	Number of outstanding loans allowed: 1 Number allowed in a 12-month period: 99 Interest rate: determined when you apply
Minimum amount	\$1,000
Maximum amount	The lesser of: \$50,000 50% of the participant's vested account reduced by any outstanding loan balance
Vested contributions available	Refer to Summary Plan Description or Loan Policy
Term of loan	5 years, longer durations may be allowed if loan is taken for the purpose of purchasing a primary residence



In-service withdrawal options

Age 59 1/2	Availability: anytime
Financial hardship	Availability: anytime
Rollover	Availability: anytime



Retirement and other benefits

Normal retirement age	65	
Normal retirement date	The date you reach your normal retirement age	
Small amounts force out limit	\$5,000	Rollovers are not included in this amount Automatic rollover distribution: • IRA rollover with Principal Bank
Deemed severance for military service	Allowed	
Distribution at termination of employment	Allowed	
Distribution at death	Required	

401k Plan Summary continued

■ Other information

- This plan summary includes a brief description of your employer's retirement plan features, as supplied to Principal by your employer or the plan's third party administrator. While this plan summary outlines many of the major provisions of your employer's retirement plan, this summary does not provide you with every plan detail. The legal plan document, which governs this plan, provides full details. If there are any discrepancies between this plan summary and the legal plan document, the legal plan document will govern.
- From time to time, your employer may elect to amend the retirement plan provisions. This plan summary may be updated to reflect proposed amendments to the plan document provisions. Until a plan amendment is adopted, however, the legal plan document will govern. Contact your plan sponsor if you would like more details regarding applicable retirement plan provisions.
- If you have questions about the retirement plan or your account information call 1-800-547-7754 Monday through Friday, 7 a.m. - 9 p.m. (Central time), to speak to a retirement specialist at The Principal®.
- To learn more about The Principal® or to access your account information, visit principal.com.
- Insurance products and plan administrative services are provided by Principal Life Insurance Company, a member of the Principal Financial Group® (The Principal®), Des Moines, IA 50392.

