

**HELLO
FRESH**

**2025 Open
Enrollment**

November 4-18, 2024

Agenda

- Why Are We Making Changes to the Medical Plan Structure & Costs?
- What's Changing for 2025?
- Employee Payroll Contributions
- Enrollment Information
- Cigna Benefits
- Unum Benefits
- Additional Benefits
- Employee Resources
- Q&A



Why Are We Making Changes to the Medical Plan Structure & Costs?

Why are we making changes to our medical plans?

Answer: HelloFresh is committed to offering a competitive benefits package. To stay competitive with other employers and keep costs manageable for both you and HelloFresh, we had to make some adjustments to the plans (deductibles, copays and coinsurance).

Why are my employee payroll contributions increasing?

Answer: HelloFresh is pleased to still offer a \$0 employee payroll contribution plan for the High Deductible Health Plan (HDHP). However, employee payroll contributions taken from your paycheck if you enroll or are enrolled in the Traditional Copay plan are increasing, so we can continue offering this competitive benefits package. This includes maintaining a \$0 employee payroll contribution plan for the High Deductible Health Plan (HDHP) and lowering the deductible from \$4,000 and \$1,500 to \$1,000 in the Traditional Copay plan.

How does the employee payroll contributions to healthcare costs compare to other companies?

Answer: HelloFresh medical Plans are more generous than what you might find at most companies. HelloFresh covers approximately 90% of all claims and administrative healthcare costs. Most employers cover approximately 80%.

Why do we offer a \$0 employee payroll contribution High Deductible Health Plan (HDHP)?

Answer: HelloFresh offers a \$0 employee payroll contribution medical plan because we want all employees and eligible dependents to have access to health coverage and preventive care, without any payroll deductions from their paycheck. However, there are still costs associated with non-preventive care visits and other services that the covered plan members are responsible for.



What's Changing for 2025?

- HelloFresh will offer **two medical plans:**
 - **New** \$3,300 High Deductible Health Plan (HDHP)
 - \$0 employee payroll contribution for all family members
 - **New Traditional Copay \$1,000 Plan**
 - Lower annual deductible
 - Changes in coinsurance, copays and out-of-pocket maximum
 - Increased employee payroll contributions
- If **no action** is taken by the employee during OE:
 - If you are currently enrolled in the 2024 \$1,600 HDHP, you will be moved to the 2025 \$3,300 HDHP
 - If you are currently enrolled in the 2024 \$1,500 or \$4,000 Traditional Copay Plan, you will be moved to the **2025 \$1,000 Traditional Copay Plan**
- Due to expiring healthcare regulations, telemedicine (including MDLive) cost sharing will change
 - HDHP - It will no longer be free except for preventive care (cost will vary)
 - Traditional Copay Plan - copays applies



What's Changing for 2025?

- Personify Health will be replacing MotiveMe for our wellness incentives program
- **New** Cigna's Pathwell Bone & Joint Program is available to members with musculoskeletal conditions and coordinates with the current Hinge Health virtual therapy offering
- **New** Voluntary Unum Specified Disease and enhanced Accident and Hospital Insurance plans
 - All Unum voluntary plans will offer a \$50 Be Well Incentive for each participant to offset a portion of the premiums
- Vision plan increased the elective contact lenses allowance to \$130 and payroll contributions will decrease
- Tax-Saving Spending Accounts
 - Health Savings Account (HSA) contribution limits have increased to \$4,300/\$8,550 for Individual/family coverage
 - Healthcare FSA is \$3,300 and Dependent Care FSA is \$5,000
 - Commuter Spending account maximums is \$325/mo for 2025
- Bright Horizons will only offer back up child and elder care to offset the increased cost of healthcare
 - Pet care will no longer be offered



2025 Bi-Weekly Payroll Contributions (26 contributions per year)

Plan Elections	Cigna Medical HDHP \$3,300 Plan	Cigna Medical Traditional Copay \$1,000 Plan	Cigna Dental Plan	EyeMed Vision Plan
Employee Only	\$0.00	\$50.46	\$1.91	\$0.58
Employee + Spouse/Domestic Partner	\$0.00	\$148.02	\$7.42	\$1.59
Employee + Child(ren)	\$0.00	\$121.11	\$8.82	\$1.47
Employee + Family	\$0.00	\$252.31	\$17.26	\$2.57

The annual savings on the \$3,300 HDHP (in comparison to the Traditional Copay \$1,000 plan) is:

- Employee Only - \$1, 312
- Employee +Spouse/DP - \$3,849
- Employee + Child(ren) - \$3,149
- Family - \$6,560

If you move to the \$ 3,300 HDHP you can use the contribution savings to fund your HSA



\$0 payroll contribution for the HDHP \$3,300 Plan in 2025!



Enrollment

2025 OPEN ENROLLMENT WILL TAKE PLACE:

Starting: Monday November 4, 2024

Ending: Monday November 18, 2024 at 11:59 pm EST

No exceptions!

The HelloFresh benefits website www.myhellofreshbenefits.com is your one-stop shop for all benefit resources!



What is Open Enrollment

What is open enrollment?

Open enrollment is your annual opportunity to make changes to your benefit elections without experiencing a qualifying event.



DURING OPEN ENROLLMENT, YOU CAN:

- Elect/Drop/Change plans
 - Add/Drop dependents
 - Add/Change beneficiaries
- No action is required UNLESS you would like to:
 - Newly enroll or make changes to your current benefits OR
 - Elect new voluntary benefits OR
 - You would like to elect a Healthcare or Dependent Care Flexible Spending Account (FSA) for 2025 (**FSA elections do not carryover**).
 - Benefits elected during Open Enrollment will go into effect on **January 1, 2025**
 - You will be required to add or update your beneficiary information in Workday to submit the open enrollment form.

Open Enrollment

Three Ways to Enroll!

1) ONLINE

Visit the enrollment website at wd3.myworkday.com/hellofresh



1) Mobile App



1) BY PHONE

- Call HelloFresh Benefits and Payroll Connect at 877-431-7867
- Monday - Friday 8:00 AM to 5:00 PM CST
- Translation services available
- Important note: Employees will receive a submission confirmation to their email, however they will need to visit Workday to view their election details

To Reset Password follow these steps.
Password Reset



If you enroll by phone, know that call volume is high on the last few days of Open Enrollment

Open Enrollment

- During Open Enrollment there will be notifications to employees and HR who have new hire and qualifying life events (QLE) open also in Workday

Type of Employee/Dependent	Enrollment Opportunity	Coverage Effective Date
Current Employee	During Open Enrollment starting November 4, 2024 and ending November 18, 2024 at 11:59 PM EST	January 1, 2025
New Hires	There will be a dual enrollment for new hires who start between November 4, 2024 and December 31, 2024, for your 2024 elections. Step 1. Complete new hire enrollment within 31 days of date of hire. Step 2. Complete Open Enrollment within 14 days of completing new hire enrollment.	
Employees who experiences a Qualified Life Event (QLE)	If your life event is finalized* and approved after November 4, your Open Enrollment will relaunch and you must complete within 14 days.	

* Includes uploading supporting documentation within 31 days of event





Cigna Health Benefits

Medical Options – Choose the one that fits your needs

BENEFIT	CIGNA MEDICAL HDHP \$3,300 PLAN	CIGNA MEDICAL TRADITIONAL COPAY \$1,000 PLAN
	IN-NETWORK	IN-NETWORK
Annual Deductible (Individual/Family)	\$3,300 / \$6,600	\$1,000 / \$2,000
Out-of-Pocket Maximum (Individual/Family)	\$5,000 / \$10,000	\$6,000 / \$12,000
Coinsurance (You Pay)	20%	30%
Physician Services		
Doctor's Office Visit	20% coinsurance after deductible	\$35 copay; deductible waived
Specialist Office Visit	20% coinsurance after deductible	\$60 copay; deductible waived
Preventive Care**	Covered at 100%	Covered at 100%
Lab & X-Ray Services	20% coinsurance after deductible	30% coinsurance after deductible
Hospital Services		
Inpatient	20% coinsurance after deductible	30% coinsurance after deductible
Outpatient		
Emergency Room	\$500 copay; 20% coinsurance after deductible; copay waived if admitted	\$500 copay; waive if admitted
Telemedicine (MDLive)	Cost may vary	Copay applies
PRESCRIPTION DRUGS		
	IN-NETWORK	IN-NETWORK
Retail (30-Day Supply)		
Generic	\$10 after medical deductible	\$15
Preferred Brand	\$30 after medical deductible	\$40
Non-preferred Brand	\$50 after medical deductible	\$100
Mail Order (90-Day Supply)		
Generic	\$25 after medical deductible	\$38
Preferred Brand	\$75 after medical deductible	\$100
Non-preferred Brand	\$125 after medical deductible	\$250



Medical Plan Comparisons

High Deductible Health Plan (HDHP): No paycheck contributions; you pay for services as needed throughout the year, which will be applied towards your deductible and coinsurance (Prescription has copays after deductible).

Traditional Copay Plan: Requires paycheck contributions and you pay copays, deductibles and coinsurance throughout the year.

Shawn and Kelly are a married couple with no children. They rarely utilize medical services except for their preventive care visits and Kelly had one doctor office visit for an illness.

This is what your doctor bills to Cigna		This is what your cost would be on the High Deductible Health Plan (HDHP)		This is what your cost would be on the Traditional Copay Plan	
Medical/Prescription Expenses Submitted by the Provider to Cigna for Claims Processing		The Amount You Pay for Services & Your Annual Cost		The Amount You Pay for Services & Your Annual Cost	
Provider Billed Medical (Jasmine's Expenses)		\$3,300 High Deductible Health Plan (HDHP)	You Pay	\$1,000 Traditional Copay Plan	You Pay
Preventive Care Visits (Employee & Spouse)	\$1,000	Preventive Care Visit - Plan Covers at 100%	\$0	Preventive Care Visit - Plan Covers at 100%	\$0
1 Doctor office visit (Kelly)	\$400	1 Doctor office visits - Deductible	\$400	1 Doctor office visit (Copays \$35 each)	\$35
Annual Total Expenses Billed to your Provider	\$1,400	Total Amount of Medical Expenses You Pay	\$400	Total Amount of Medical Expenses You Pay	\$35
		Total Annual Employee Payroll Contributions Deducted from Paychecks (Employee & Spouse Coverage)	\$0	Total Annual Employee Payroll Contributions Deducted from Paychecks (Employee & Spouse Coverage)	\$3,849
		Your Total Annual Cost	\$400	Your Total Annual Cost	\$3,884

In this scenario, by selecting the HDHP, you save \$3,484 annually. You have no contributions deducted from your paycheck on the HDHP since HelloFresh covers that cost.



Cigna Choice Fund: Health Savings Account (HSA)

HSA Debit Card



Health Savings Account

- HelloFresh pays the monthly banking admin fee for active HDHP participants
- Your HSA funds can be used to pay eligible out of pocket healthcare expenses for medical, dental, vision, and prescription
- Can use the funds once the account is active or in the future – Options: Debit card, auto-pay or manual reimbursement
- The health savings account is through HSA Bank via Cigna
- Contributions are pre-tax, and become available as they are deducted from your paycheck and deposited with HSA Bank
- 2025 - contribute up to \$4,300 individual - \$8,550 family
 - Additional \$1,000 available if age 55+
- It's your money if you leave HelloFresh - Take it with you
- Unused funds roll over year to year – Unlike FSA's
- Investment Options are available
- Visit myhellofreshbenefits.com for more information



Pharmacy Benefits

- National Preferred Formulary (Prescription/Rx Drug List)
 - Broad range of brand name and generic drugs and posted on www.mycigna.com
- Discounts on certain prescriptions are available **Cigna's SaveOn program**
- Filling Prescription Drugs
 - 90-day prescriptions at select pharmacies at 2.5x the usual 30-day cost (cost savings)
 - 30-day prescriptions at all pharmacies
 - Log in to **myCigna.com** or **Cigna.com/Cigna90network** to find an in-network pharmacy
- Home Pharmacy Mailing
 - Easily order, manage, track, and pay for your medications on your phone or online
 - Standard shipping at no extra cost
 - Fill up to a 90-day supply at one time (cost savings)
 - Automatic refills or refill reminders so you don't miss a dose
- Compare prices on the myCigna website or app
- Questions on prior authorizations, quantity limits, step therapy, and more should be directed to Cigna One Guide



MDLive – Head-to-Toe Virtual Care

- Now you don't have to wait — or travel — for the care you need with MDLIVE.
- Connect: 888.726.3171 or video chat (myCigna app or myCigna.com) -whenever it's convenient for you - 24/7/365 day or night, including weekends and holidays.
- MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience and offer comprehensive suite of virtual care options such as:
 - **Primary Care** - Preventive care, routine care, and specialist referrals
 - **Urgent Care** - On-demand care for minor medical conditions
 - Pink eye, rash, cold/flu, earache, and more
 - **Behavioral Care** - Talk therapy/psychiatry from the privacy of home
 - **Dermatology** - Fast, customized care for skin, hair and nail conditions

- Traditional Copay \$1,000 Plan: \$15 copay
- HDHP \$3,300 Plan: Average Visit \$55 - \$125
- MDLive Preventive Care PCP Visit (Both Plans): No Charge



Preventive Care

Many preventive services from in-network providers are covered 100% by your health plan.¹ That means you won't pay anything out of your own pocket.

Covered preventive care services include:¹

- Annual Exams Included OB/GYN
- Screenings for blood pressure, cholesterol and diabetes
- Colon cancer screening
- Prostate screening
- Mammograms
- Cervical cancer screening
- PSA blood tests
- Flu Shots

1. Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel or a diagnosis at the time of visit. Reference plan documents for a list of covered and non-covered preventive care service.



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Incentives for 2025 – Personify Health

Health Assessment	Health Assessment Completion	\$100
	New Complete Biometric Screening	\$50
Preventive Care Goals *	Annual Physical (including MDLIVE virtual wellness screening or OB/GYN Well Woman Visit)	\$100
	Colon Cancer Screening	\$100
	Prostate Screening	\$100
	Cervical Cancer Screening	\$100
	Routine Mammogram	\$100
Omada – Diabetes Prevention Program	Digital Coaching - Complete 9 lessons or lose 5% weight in 26 week period (once per lifetime)	\$50
Healthy Pregnancies, Healthy Babies (HPHB)	Enroll in First Trimester	\$150
	Enroll in Second Trimester	\$75

*Preventive Care Reward Cap \$200



Cigna Health Support

Medical Resources	Description
24/7 Health Information Life	Call Cigna at 877-501-7990 any time (day or night) to speak with a trained nurse.
Behavioral Health Resources	Your Cigna plan includes a wide national network of licensed therapists, psychiatrists, nurse practitioners and behavioral health specialists, as well as many virtual options.
Comprehensive Oncology	The Comprehensive Oncology Program can help members who are diagnosed with cancer or at high-risk of developing cancer. Patients, families, and caregivers can work one-on-one with a Cigna coach.
All in with Autism	Provides advocacy and family support resources including tool kits, symptom checklists, and more
Family Planning	Whether you are trying to have a baby now or hope to someday, the Cigna Healthy Pregnancies, Healthy Babies program is here to help.
Telemedicine	When you need medical advice, but do not have the time or want the cost associated with a trip to the doctor's office, video visits with board certified doctors, psychiatrists, or licensed therapists from the comfort of home are available through MDLive.
Cigna Healthy Rewards	With Cigna Healthy Rewards, you receive discounts on products and services to support your health and well-being.
Wellness Incentives	Achieving your health goals is a journey and to help you Cigna has partnered with Personify Health to provide multiple programs and incentives to support your overall well-being with a focus on preventive care.
Hinge Health – Virtual Muscle and Joint Care Program	To help you manage the treatment of muscle and joint problems, you can enroll in free virtual physical therapy through Hinge Health on either HelloFresh Cigna medical plan.
Pathwell Bone & Joint Program	A condition-specific care program that guides you with spine, knee, hip and shoulder conditions to the right path of care using a comprehensive whole person health approach.
Omada	Diabetes prevention program that offers support to members with prediabetes, diabetes, and hypertension. You will receive a personal health coach, personalized care plan, weekly lessons/tips, and applicable devices (smart scale, glucose monitor, blood pressure monitor).



Behavioral Health Support



On-demand, 24-hour behavioral health coaching to manage issues such as stress, low-acuity anxiety, and other day-to-day challenges via their confidential mobile app.



Connect with a licensed therapist or psychiatrist online, by video, or text using Talkspace, available for Cigna Behavioral customers, ages 13 and up. Go to talkspace.com/Cigna or myCigna.com



#1 virtual provider for treatment of obsessive-compulsive disorder (OCD). NOCD offers live, virtual therapy and app-based digital tools, including text-messaging with the assigned therapist in between sessions.

Many More options available: Meru, Alma, SonderMind, Brightside, Bicycle Health, Hurdle Health, inMyndSM, Monument, Equip. and more

- HDHP Plan: Varies by program
- Traditional OAP Plans: \$60 copay



Dental Benefits – 2025



2025 Dental Plan Summary – No Plan Changes

BENEFIT	CIGNA DENTAL PLAN IN-NETWORK
Annual Deductible (Individual/Family)	\$50/\$150
Annual Year Maximum	\$1,500
Preventive Services	You pay nothing
Basic Services	You pay 20% or 50% coinsurance depending on services
Major Services	You pay 50% coinsurance
Orthodontia Lifetime Maximum (only children up to age 19)	\$1,500 maximum; You pay 50% coinsurance



Cigna Dental Oral Health Integration Program[®]

- Cigna covers complementary dental care services for 14 qualifying medical conditions.
- Additional screenings
- Proactive, personalized support for customers with certain medical conditions that can be impacted by oral health risks like gum disease and cavities.
- The program reimburses enrolled customers for costs associated with certain dental services designed to help them manage their condition.



Heart Disease

Stroke

Diabetes

Organ Transplant

ALS

Pregnancy

Lupus

Huntington's Disease

Parkinson's Disease

Radiation – Head/Neck Cancers

Chronic Kidney Disease

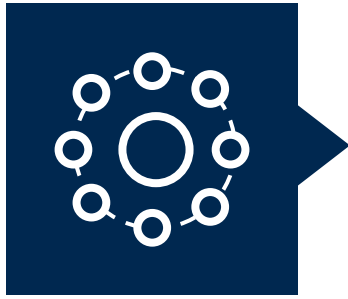
Rheumatoid Arthritis

Sjogren's Syndrome

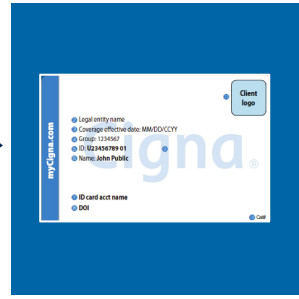
Opioid Misuse or Addiction



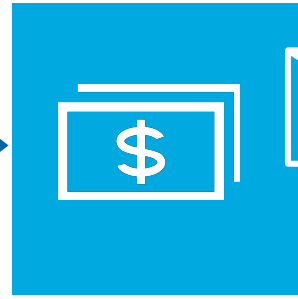
How to use your plan



Visit an in-network doctor/hospital/facility/dentist



Show your Cigna ID card



With coinsurance plans, allow the claims to be submitted to Cigna before paying anything



Your in-network doctor/dentist will send Cigna the claim

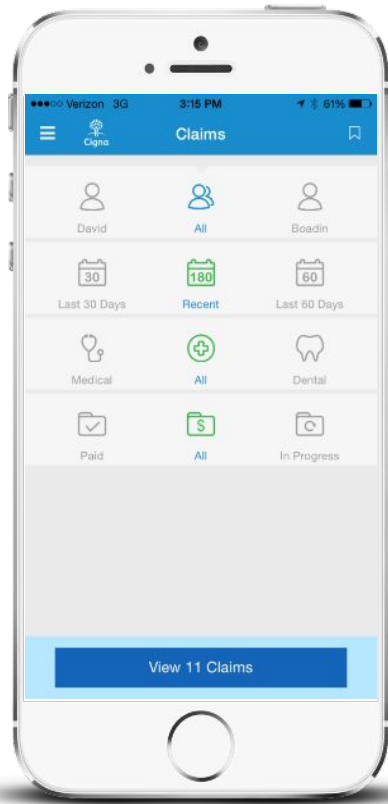


Cigna will send you an explanation of benefits, or **EOB**, as your receipt

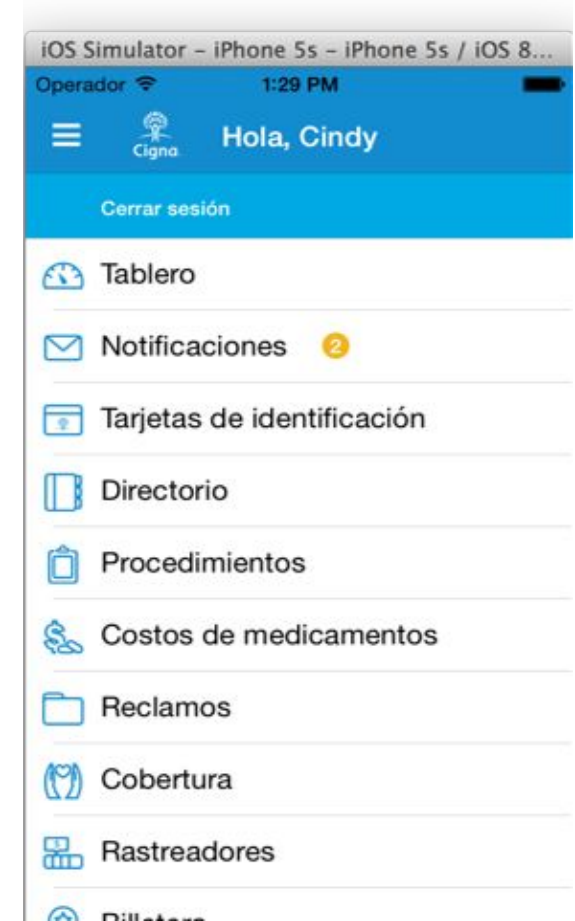
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myCigna.com

Your online home for assessment tools, plan management, medical updates and much more.



- Find in-network providers
- View Digital ID card – At your fingertips
- Review Medical, Dental & Pharmacy coverage
- Manage & track HSA funds
- Compare cost & quality information
- Find costs & compare pharmacy by medication
- Variety of health & wellness tools and resources
- Receive alerts when new plan documents are available
- Personalized dashboard
- View Explanation of Benefits (EOBs)
- View incentives



Available in Spanish

Download the myCigna® app



Connect with a One Guide representative

Resources include:

- Our highest level of personalized customer service support
 - Specific coverage questions
 - Prescription questions (prior authorization, etc.)
 - Explanation of Benefits/Billing
- Assistance in locating in-network, high performing providers
- Connecting customer experience across behavioral, pharmacy, coaching and case management
- Advocates are available 24/7/365 for you at **877.501.7990**
- Digital tools and chat for continuous engagement
- Service and clinical staff help customers make informed health choices





Unum Benefits

NEW! Specified Disease



What it does

Pays a lump-sum amount directly to you when you're diagnosed with a covered condition

Helps pay for out-of-pocket costs — like co-pays and deductibles — that health insurance does not cover when you face a serious illness

\$50

Be Well

Get rewarded for healthy habits — including regular screenings and exams



What it covers

Serious illness, including:

- Heart attack
- Stroke
- Major organ failure
- Coronary artery disease
- Alzheimer's disease
- Invasive cancer (including breast cancer)
- Noninvasive cancer (25%)
- Skin cancer (\$500)

What you should know

- Can pay a set amount when a person is diagnosed with a covered condition, such as heart attack, stroke, or organ failure
- Money payable directly to insureds to use however they choose
- Benefit Amounts - Employees
 - \$10,000
 - \$20,000
 - \$30,000
 - \$40,000
- Spouse Benefit Amounts – 50% of employee benefit amount
- Eligible children are automatically included at 50% of employee benefit amount.
- Employee & Spouse rates based on employee's age as of 1/1/25; rate increases due to a change in age band occur on anniversary.



NEW! Specified Disease – How it Works

How Specified Disease Insurance Works

- After Jose was diagnosed with a stroke, they were grateful their doctors were able to stabilize their condition, but they learned there was some permanent damage to their vision requiring additional medical care. They began to see their out-of-pocket costs add up quickly.
- The good news is Jose received a lump sum payment of \$10,000 to help cover these expenses from the Specified Disease coverage they elected during Open Enrollment.
- The benefit is paid directly to the insured, they are able to use the money however they wish. Whether it be to pay medical expenses or help replace lost income due to time missed from work.

** The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits.*

†If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.

If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

This plan is not a replacement for medical insurance.

ENHANCED! Accident Insurance



What it does

Pays a set amount for various treatments and services if you get injured accidentally on/off the job. Payments are made directly to you to use however you wish — to cover your health insurance deductible, emergency room co-pays or other unexpected costs of an unforeseen injury.

2025 Benefit Enhancements!

- Increased benefit amounts for Fractures, Concussions, Dislocations.
- Increased benefits for Emergency Room visits, Ambulatory Services.



What it covers

Pays benefits for ER visits and follow-ups, as well as 100+ covered injuries/treatments, including:*

- Broken bones
- Burns
- Knee ligament
- Dislocations
- Emergency dental
- Physical therapy

Unlimited payouts:

Employees can file claims for multiple covered incidents.

\$50 - Be Well

Get rewarded for healthy habits — including regular screenings and exams. Be Well benefits are payable once per year per covered insured.

What you should know

- **Portable:** You can take this coverage with you if you leave your job.
- **No medical underwriting to qualify**
- Apply during this enrollment to secure rates designed for your employer.



Accident Insurance – How it Works

How Accident Insurance Works

Narissa loves working in the backyard garden on the weekends. One day while carrying some supplies, they trip and break their big toe!

The accident requires not only a trip to the emergency room, but also physician follow-up visits, and physical therapy treatments.

Fortunately, Narissa has **Accident Insurance** which helps cover the out-of-pocket medical costs, including the deductible and coinsurance.

Medical Service	High Plan	Low Plan
Emergency Room	\$200	\$100
Fracture Benefit	\$400	\$225
Physician Follow-up Visits	\$600	\$150
Physical Therapy Visits	\$75	\$50
Total Benefit	\$1,275	\$525

This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you. This plan is not a replacement for medical insurance.

**If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.*

If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

This plan is not a replacement for medical insurance.



ENHANCED! Hospital Insurance



What it does

Pays a set amount when you're admitted to the hospital to use for expenses related to hospitalization.

\$50 - Be Well

Get rewarded for healthy habits — including regular screenings and exams

2025 Benefit Enhancements!

- Increased number of hospital admissions – 3 per insured per year
- New Mental/Nervous or Substance Abuse Treatment benefits

What you should know

- Family coverage option available
- No medical underwriting to qualify for coverage
- Hospital admission
 - High Plan - \$1,000 per insured per year
 - Low Plan - \$800 per insured per year
- Daily Hospital Confinement
 - High Plan - \$165/day to a max of 365 days per calendar year
 - Low Plan - \$100/day to a max of 365 days per calendar year
- Inpatient Care
 - Mental/Nervous or Substance Abuse Treatment - \$165 (High Plan), \$100 (Low Plan)
 - Rehab/Subacute Rehab Unit - \$165 (High Plan), \$100 (Low Plan)



Hospital Indemnity Insurance – How It Works

How Hospital Indemnity Insurance Works

Dao is injured in a car accident and is in the hospital for three days. They are then moved to a rehabilitation unit for three additional days. Dao has Hospital Indemnity Insurance. They receive a benefit for being admitted into the hospital and a benefit for each day of their in-patient and rehab stays.

How Dao's Hospital Indemnity Benefit Was Calculated

Medical Service	Sample Benefit High Plan	Sample Benefit Low Plan
Hospital Admission	\$1,000	\$800
Hospital Confinement	\$495 (<i>\$165 per day, 3 days</i>)	\$300 (<i>\$100 per day, 3 days</i>)
Inpatient Rehabilitation Unit	\$165	\$165
TOTAL SAMPLE BENEFIT	\$1,660	\$1,265

This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you. This plan is not a replacement for medical insurance.

*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.

If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

This plan is not a replacement for medical insurance.



BeWell Benefits



What it does

A financial incentive to take a wellness test, which can detect common issues and warning signs to give employees the head start they need to improve their health.



A yearly benefit payable directly to the employee for one covered health screening per year, per covered individual.

- **Specified Disease:** \$50.00
- **Accident:** \$50.00
- **Hospital:** \$50.00

Be Well (Health Screening Benefit Example)

- Aiden elected Accident insurance for their family of five.
- Each family member has their annual exam and receives a total benefit of \$250.
- The annual Hospital premium to cover an employee, a spouse, and their three children is \$327.26 (High Plan)
- If each person received the Be Well benefit (\$50 per insured) the benefit would offset the premiums paid for insurance by 75%, simply by utilizing the health screening benefit, and getting their annual exam completed.

Common Covered Tests

- Blood test for triglycerides
- Serum cholesterol test
- Fasting blood glucose test
- Mammograph
- Colonoscopy
- Pap smear

Plus, additional exams and screenings:

- Annual exams by a physician including sports physicals and well-child visits
- Immunizations including HPV, MMR, Tetanus, Influenza

Please refer to the certificate for a complete list of covered Be Well tests.

- File a claim online or over the phone
- MyUNUM.com
- 800-635-5597



Life / AD&D Insurance: Unum

LIFE / AD&D INSURANCE

- Basic life/AD&D is provided to full-time employees at no cost: 1x annual earnings up to \$500,000*
- You can purchase additional life/AD&D coverage for yourself, your spouse and/or your children – if you did not elect coverage when first available or elect an amount over the Guaranteed Issue, you will be required to complete an Evidence of Insurability (EOI) form.
- **Be sure to list your beneficiary information in Workday**

*Under the tax law, the value of employer-provided group term life in excess of \$50,000 is taxable.

Voluntary Life / AD&D	2025 Options
Employee Amount	\$10,000 increments to the lesser of 6x annual earnings or \$500,000
Spouse Amount	\$5,000 increments to the lesser of 100% EE Life or \$250,000
Child(ren) Amount (up to age 19, 26 if FTS)	Live Birth to 14 days: \$1,000; 14 days to 6 months: \$2,000; 6 months+: \$2,000 up to \$10,000



Short Term Disability: Unum

SHORT TERM DISABILITY

- As a full-time employee, you are provided with Short-Term Disability at no cost
- You will be covered up to a weekly maximum of 60% of your weekly earnings
- \$2,500 weekly benefit maximum
- 14-day elimination period (time you must wait before benefits begin)
- 24-week duration for payment of benefits
- No pre-existing conditions apply



Long Term Disability: Unum

LONG TERM DISABILITY

As a full-time employee, you are provided with Long-Term Disability (LTD) at no cost. You will be covered up to a monthly maximum of 60% of your monthly earnings

- \$2,500 monthly benefit maximum
- 180-day elimination period (STD coverage is available during LTD elimination period)

All full-time employees earning \$50,000 or more are eligible to buy additional LTD coverage

- Monthly maximum of 60% up to \$10,000
- 180-day elimination period
- If you previously waived coverage and enroll, you will be required to complete an Evidence of Insurability (EOI) form

Note: our LTD coverage includes a pre-existing condition limitation; this means that if you have a pre-existing health condition that was in place in the 3 months prior to your coverage effective date, you will not be eligible for benefits for that condition until you have been covered by the LTD plan for 12 months



Employee Assistance Program (EAP): Unum

EAP

- HealthAdvocate through UNUM provides our Employee Assistance Program (EAP); these services are provided at no cost
- EAP provides short-term counseling for personal issues for you and your dependents
- The EAP includes unlimited telephonic and three face-to-face counseling sessions, per person, per issue, per year. Can assist you with issues such as:
 - Individual, family and marital concerns
 - Stress and job-related matters
 - Financial and legal matters
 - Child and domestic abuse
 - Chemical and alcohol dependency
 - EAP provides legal services including will prep

How to use the EAP:

You can call 1-800-854-1446 or go online to www.UNUM.com/lifebalance to connect with a counselor for support services. Support is confidential and available 24 hours a day, 7 days a week

EAP SUPPORT IS

- Confidential
- Available 24 hours a day, 7 days a week



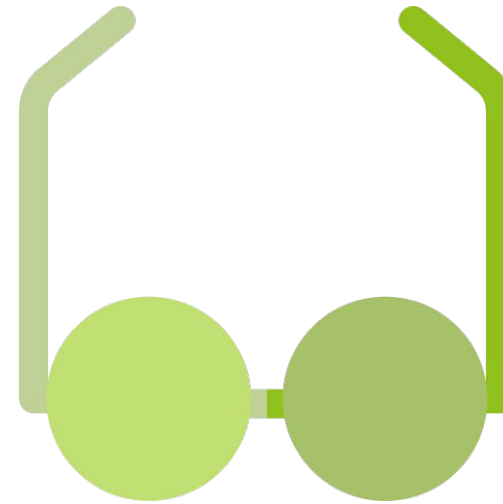


Additional Benefits

Vision: EyeMed

EyeMed Vision Plan Information	In-Network Shown (Out-of-Network benefits are also available)
Copay Eye Exam Materials Frames Lenses	\$15 copay \$25 copay Included in Materials copay Included in Materials copay
Benefit Frequency Eye Exam Lenses / Contacts (in lieu of glasses) Frames	1x every 12 months 1x every 12 months 1x every 24 months
Covered Services Frames Lenses Contact Lenses Medically Necessary Contacts	\$130 allowance and 20% off balance Covered in full after copay \$130 allowance Covered in full

To find EyeMed participating providers in your area, visit www.eyemed.com and search the “Insight” network or call EyeMed at 1-866-800-5457.



Flexible Spending Accounts (FSA): Flores

WHAT IS AN FSA?

Flexible Spending Accounts (FSAs) allows you to pay for certain healthcare and dependent care expenses with pre-tax dollars

HOW DOES IT WORK?

An FSA saves you money by reducing your income taxes. The contributions you make to an FSA are deducted from your pay BEFORE taxes are calculated and are not reported to the IRS. The end result is that you **decrease your taxable income & increase your spendable income.**

Health FSAs from Flores

HEALTHCARE FSA

Use it for: medical, dental or vision deductibles, copays and coinsurance; other IRS-approved expenses for yourself, spouse, and eligible children

Maximum 2025 Contribution: \$3,300

DEPENDENT CARE FSA

Use it for: daycare expenses for your dependent child up to the age of 13 or a disabled adult dependent

Maximum 2025 Contribution Per Household: \$5,000

The rules for FSAs are governed by the Internal Revenue Service (IRS). HelloFresh must follow certain rules to offer the plans. Participants must also follow IRS requirements, including keeping copies of receipts for reimbursed expenses. If you enroll in the HDHP plan, you are not eligible to participate in the Healthcare FSA.



IRS Rules for FSAs

“Use it or Lose it” Rule for Healthcare and Dependent Care FSAs:

- Any money left in your accounts(s) after the claim submission deadline is forfeited
- You cannot deduct your Flexible Spending Account expenses on your tax return
- Election is locked in for the year without a qualifying life event

Healthcare FSA	Dependent Care FSA
<ul style="list-style-type: none">- For Traditional or No Medical Plan employees- Full election available for use as of January 1st, 2025- Rollover up to \$660 to the next plan year- Spend your dollars in the FSA Store online at www.fsastore.com- Plan year ends December 31 or termination date, whichever comes first	<ul style="list-style-type: none">- Available for all benefit eligible employees- Funds available as they are deducted from your paycheck and deposited with Flores- May only withdraw what has been deducted from your paycheck and deposited into your account- Plan year ends March 15 of the following year

Note: The Healthcare and Dependent Care Accounts are separate accounts – you cannot transfer money between accounts. Dependent Care FSA is for day care expenses only, not for dependent health care.

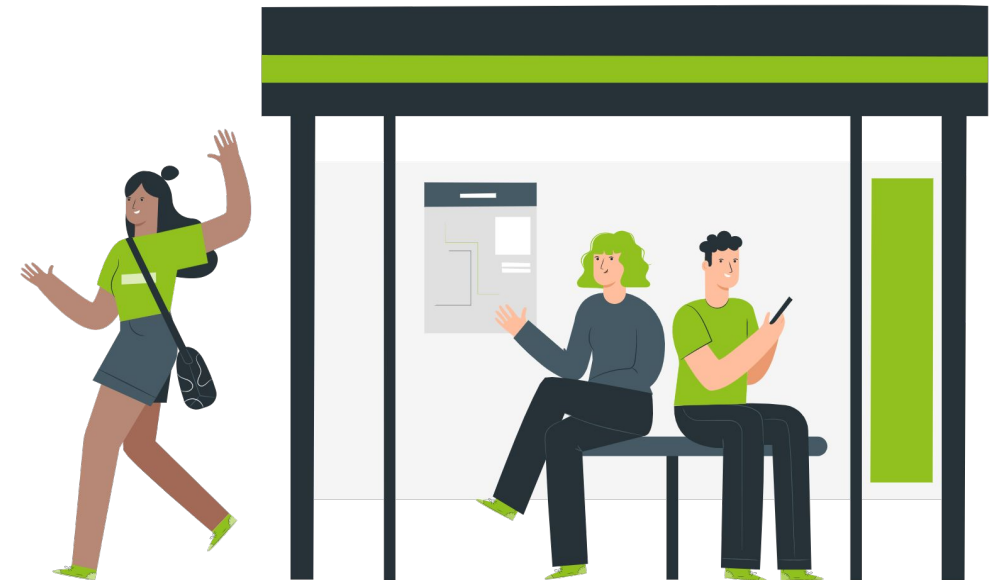


Commuter Benefits: Flores

Commuter Spending Accounts

- Set aside a portion of your salary on a pre-tax basis to pay public transportation and/or parking expenses that you incur commuting to and from work.
- By using pre-tax money, you lower your taxable income.
- You will receive a debit card from Flores to use at the point of purchase to pay for your parking and/or transit expenses
- For more information, go to Flores247.com

Commuter Benefits from Flores	
TRANSIT	PARKING
Use it for: qualified transit expenses for any pass, token, fare card, voucher, vanpool or similar item for mass transit to and from work.	Use it for: qualified parking on or near the business premises of the company and/or expenses incurred to park on or near a location from which you commute to work.
Maximum 2025 Contribution: \$325/ month	Maximum 2025 Contribution: \$325/ month



Bright Horizons

- 10 days of **FREE** back up care a year
 - Resets February 1 each year
- Back-Up Care
 - Child or Elder care
- All DC locations have in-network care nearby
- Registration Information
 - **Website:**
<https://clients.brighthorizons.com/hellofresh>
 - **Username:** hellofresh
 - **Employer:** Password: hfcare
 - **Phone Support:** 877-242-2737

Schedule back up care immediately or up to 90 days in advance.

- Cancellations must be received 2 business days prior to retain credit
- Can be accessed in a center or in-home.
 - Up to 3 care recipients, 4 hour min
- Additional perks
 - Preferred enrollment and waived registration fees at Bright Horizons locations
 - Free premium membership to Sittercity



401(k) Retirement Plan

VOYA is our plan administrator of the HelloFresh 401(k) Retirement Plan

- You may enroll in the 401(k) Plan, or make changes to your deferral, at any time during the year
- You can defer money from your paycheck on a pre-tax or Roth after-tax basis, or any combination of the two up to the IRS limit of \$23,500 for 2025
- If you are over the age of 50, you can also make a “catch up” contribution from your paycheck of an additional \$7,500
 - NEW! If you are between the ages of 60 and 63, your catch up contribution limit is \$11,250 for 2025
- Both employee and employer match contributions are immediately 100% vested.

Eligibility to Contribute to the 401(k) Plan:

- Age 21
- Completion of 3 months of employment

Employer Match:

- A safe harbor match of 100% of the employee’s contribution that do not exceed 3% of compensation and then 50% on the next 2%
- If you contribute at least 5% of your pay, HelloFresh will make the maximum match of 4% per pay period





Employee Resources

Employee Resources

- HelloFresh Benefits and Payroll Connect at 877-431-7867
 - Available Monday - Friday, 8 am - 5 pm CST
 - Translation services are available
- Cigna
 - Call One Guide 877-501-7990 24/7
 - Visit Cigna's website www.cigna.com
 - Search for in-network providers and more
- HR Team- For escalated issues, please reach out to your local HR team if the resources above do not answer your questions.



Employee Resources Continued

- Additional Resources
 - Benefits Website www.myhellofreshbenefits.com
 - Open Enrollment Tab
 - Video
 - OE Guide and Highlight Sheet
 - Enrollment instructions
 - Additional plan documents and brochures
 - Email reminders and announcements
 - Open Enrollment and Announcement-US slack channels, FreshNews, Posters, DC Engagement Materials
 - Swag Bag
 - Benefits highlight sheet, enrollment and Voya business cards and vendor swag
 - Postcard mailed to home address





Thank You!

Questions?