

2025 Benefit Guide



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At HelloFresh, we understand that our employees are our most valuable asset, and we're dedicated to investing in your well-being. That is why we are continuing to offer a range of benefits that can help you stay healthy, feel secure, and achieve your goals. From our employer paid life and disability insurance to employee elected medical, dental, and voluntary benefits, our comprehensive benefits package is designed to meet your unique needs and help you thrive both inside and outside of work.

We feel that our comprehensive benefit program, as part of your Total Rewards package, nourishes and supports everyone who sits at the HelloFresh table. No matter what your unique circumstances are, we have worked hard to provide options for you to take care of your wellness including a \$0 employee payroll contribution High Deductible Health Plan (HDHP) and other HelloFresh provided benefits.

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2025 Benefit Highlights

Key highlights:

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Benefits Eligible on Your First Day

 - Full-time regular employees are eligible to enroll in benefits starting on your date of hire. You have 31 days from your hire date to complete your enrollment. If you enroll within this period, your benefits will be retroactive to your first day of employment.

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HelloFresh offers two medical plans through Cigna:

 - **HDHP \$3,300 Plan**, which has a **\$0 employee payroll contribution** for you and your eligible family members.
 - **Traditional Copay \$1,000 Plan**, which offers a lower annual deductible and copays for some services before your deductible is met. There is an employee payroll contribution for this plan.
 - Both medical plans have the same network of doctors, hospitals, and provide free preventive care visits.
 - HelloFresh's medical plans offer many additional resources including infertility and conception benefits, telemedicine services through MDLive, a diabetes prevention program through Omada, virtual physical therapy through Hinge Health, and preventive care rewards.

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HelloFresh provides eligible employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) coverage at no cost. Eligible employees can purchase additional life insurance coverage for you, your spouse/domestic partner and/or dependents. HelloFresh also provides eligible employees with Short-Term and Long-Term Disability coverage at no cost.

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Supplemental benefits are offered to employees to help offset the cost of major medical events. Voluntary Benefits including Specified Disease, Accident, and Hospital Indemnity Insurances are available for employees to purchase.

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You are eligible to participate in the 401(k) plan through Voya after three months of employment. HelloFresh matches 100% of your contribution up to 3% of your compensation and then 50% of the next 2%. Enrollment can be completed up to 30 days prior to your eligibility directly through Voya at enroll.voya.com or by calling Voya Enrollment Services at **888-311-9487**.

Visit MyHelloFreshBenefits.com for rates and additional details.

Benefit Type	Carrier	Employee Elected	HelloFresh Provided
Medical/Prescription (Rx)	Cigna	X	
Dental	Cigna	X	
Vision	EyeMed	X	
Health Savings Account (HSA)	Cigna/HSA Bank	X	
Healthcare Flexible Spending Account (FSA)	Flores	X	
Dependent Care Flexible Spending Account (FSA)	Flores	X	
Commuter Spending Account (Transit/Parking)	Flores	X	
Voluntary Accident	Unum	X	
Voluntary Hospital Indemnity	Unum	X	
Voluntary Specified Disease	Unum	X	
Employee Basic Term Life and AD&D	Unum		X
Voluntary Life and AD&D for Employee, Spouse/Domestic Partner and Child(ren)	Unum	X	
Short-Term Disability	Unum		X
Long-Term Disability	Unum		X
Buy-Up Long-Term Disability	Unum	X	
Legal Resources	Unum		X
401(k) Retirement Plan	Voya	X	
Employee Assistance Program (EAP)	HealthAdvocate/Unum		X
Medical Bill Saver	HealthAdvocate/Unum		X
Back Up Child and Elder Care	Bright Horizons		X

Enrollment Information

Who is Eligible?

Benefits are available to all regular, full-time employees and their eligible dependents.

Eligible dependents include your legal spouse or domestic partner, as well as your children from birth to age 26. This includes your biological children, legally adopted children, stepchildren, domestic partner's children, and any unmarried dependent children of any age who are mentally or physically disabled and dependent on you for support.

Ineligible dependents include but are not limited to grandchildren, other relatives, and children under an employee's legal guardianship.

When Can I Enroll?

You have the opportunity to enroll in benefits within 31 days of hire date. Your benefits will be retroactive to your first day of employment.

If you experience an eligible Qualifying Life Event (QLE), you must submit supporting documentations (e.g., birth certificate, marriage certificate, etc.) within 31 days of the qualifying life event(s).

Preparing for Your Enrollment Session

Visit [MyHelloFreshBenefits.com](https://myhellofreshbenefits.com) for your one-stop shop for all the benefits that are offered to you. Please note, there is also a drop-down menu in the upper left-hand corner of the home page to choose your preferred language.

[MyHelloFreshBenefits.com](https://myhellofreshbenefits.com) is a public website, you do not need to create an account, and it can be accessed via computer, tablet, or mobile phone, and is available year-round.

How to enroll

We offer three different ways to enroll to give you the level of support that is best for you:

- **By Phone:** Call HelloFresh Benefits and Payroll Connect at **1-877-431-7867** (Monday to Friday 8 AM to 5 PM CST; translation available) to speak with someone who will take your elections and answer your questions over the phone.
- **Mobile App:** Download the Workday mobile app for free in the Apple or Android app store.
- **Online:** Visit <https://wd3.myworkday.com/hellofresh> to register or log in and click on Let's Get Started from the Change Benefits for Life Event task from Awaiting Your Action to complete your self-service enrollment. For more instructions please click [here](#).

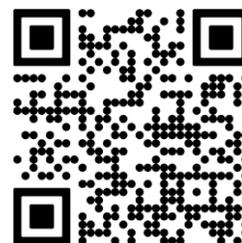
You should print, save, or screenshot your benefits confirmation for your records, as email confirmation will not be available.

Note, to complete your submission you will be required to add a beneficiary for Basic and Voluntary Life and AD&D insurance plans.

401(k) plan election(s) changes and beneficiary designation can be made by accessing your HelloFresh 401(k) Retirement Savings Plan at voyaretirementplans.com or by using the Voya Retire app. Not enrolled yet? Sign up today by visiting enroll.voya.com or call **888-311-9487**. Use Plan Number: 551637 and Verification Number: 55163799 to enroll. You can enroll or make changes at any time throughout the year to your 401(k) plan once you meet the eligibility requirements.

The screenshot shows the 'Employee Benefits & Enrollment' page on the Workday platform. It features a header with the Workday logo and a navigation bar with tabs for 'Benefit Guides', 'Benefit Presentations', 'Benefit Highlights', and 'Enrollment'. The main content area includes a 'Need Help with Your Benefits?' section with a 'Learn More' button, a support line number (877.431.7867), and a 'Welcome to your HelloFresh Benefits!' message. A QR code is visible in the bottom right corner of the screenshot.

Scan QR code below to access the [MyHelloFreshBenefits.com](https://myhellofreshbenefits.com) benefits website:



Health Coverage

Medical Benefits and Prescription Drugs

Medical and prescription benefits are an essential part of your overall health and wellness. With our comprehensive medical plans, you will have access to a network of doctors and specialists to help you manage your health. You will also have coverage for prescription drugs, including both generic and brand name medications.

MEDICAL BENEFITS	CIGNA MEDICAL HDHP \$3,300 PLAN	CIGNA MEDICAL TRADITIONAL COPAY \$1,000 PLAN
	IN-NETWORK	IN-NETWORK
Annual/Calendar Year 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 (including virtual)		
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 and 20% coinsurance after deductible; copay waived if admitted	\$500 copay; waived if admitted
MDLive	Cost will vary until you have met your deductible, then plan pays 100%	\$15 copay
PRESCRIPTION DRUGS	CIGNA MEDICAL HDHP \$3,300 PLAN	CIGNA MEDICAL TRADITIONAL COPAY \$1,000 PLAN
	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

NOTE: The information above is a summary of coverage. Please refer to your Benefits Guide for additional plan details.

* Plan has embedded deductibles. You or your family can begin to receive the coinsurance by meeting the individual deductible.

** Not all preventive care services are covered. For example, immunization for travel is generally not covered. Please see plan materials for complete list of covered preventive care services. Preventive care on will remain free through MDLive.

Your network is the Open Access Plus (OAP)

Cigna's plans offer out-of-network coverage. Please see your 2025 certificates of coverage located on the benefits page on myCigna.com.

Bi-Weekly Medical/Rx Employee Contributions (26 contributions per year)

	CIGNA MEDICAL HDHP \$3,300 PLAN	CIGNA MEDICAL TRADITIONAL COPAY \$1,000 PLAN
Employee	\$0.00	\$50.46
Employee + Spouse or Domestic Partner	\$0.00	\$148.02
Employee + Child(ren)	\$0.00	\$121.11
Family	\$0.00	\$252.31

Helpful Medical Plan Terminology

Provider: This refers to any healthcare professional or facility, like a doctor, hospital, lab, or pharmacy.

Preventive Care: These are services like checkups and vaccinations that help prevent health issues. Both HelloFresh medical plans offer free preventive care visits, and you can earn rewards through the Cigna Wellness Experience.

Copayment (Copays): This is a set amount you pay for a health service when you receive it. The amount can change depending on the type of visit and does not apply to your deductible but will apply to your out-of-pocket maximum.

- **High Deductible Health Plan (HDHP) \$3,300 Plan**, copays apply only to prescription drugs and emergency room visits after you meet your deductible.
- **Traditional Copay \$1,000 Plan**, you have copays for prescription drugs, primary care, specialists, urgent care, and emergency room visits.

High Deductible Health Plan (HDHP): This plan requires you to pay the deductible before your insurance starts sharing costs (coinsurance). All your expenses contribute to your deductible and out-of-pocket maximum.

Deductible: This is the amount you need to pay for certain health services each year before your insurance starts covering costs. The deductible may not apply to all services, such as preventive care services.

- **HDHP \$3,300 Plan:** \$3,300 individual / \$6,600 family
- **Traditional Copay \$1,000 Plan:** \$1,000 individual / \$2,000 family

Coinsurance: This is the percentage of costs you pay for a covered health service after your deductible is met.

- **HDHP \$3,300 Plan**, you pay 20% after the deductible.
- **Traditional Copay \$1,000 Plan**, you pay 30% after the deductible.

Out-of-Pocket Maximum: This is the maximum amount you will pay for healthcare in a year (not including payroll contributions). Once you hit this amount, your insurance covers 100% of your allowed health services for the rest of the year. Copays, deductibles, and coinsurance count toward this limit.

- **HDHP \$3,300 Plan:** \$5,000 individual / \$10,000 family
- **Traditional Copay \$1,000 Plan:** \$6,000 individual / \$12,000 family

Payroll Contributions: These are the amounts deducted from your paycheck every two weeks to cover your health insurance.

- **HDHP \$3,300 Plan**, there is a \$0 employee payroll contribution.
- **Traditional Copay \$1,000 Plan**, the contribution varies based on your covered dependents and coverage level.

Plan Comparisons

These examples are displaying in-network claims for illustration purposes only. Evaluate both medical plans to determine the best option for you and your family.

High Deductible Health Plan (HDHP): No employee payroll contributions; you pay for services as needed throughout the year, which will be applied towards your deductible, coinsurance, and out-of-pocket maximum (Prescription and ER has copays after deductible).

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

Marcella and Mario are married and healthy and only go to the Doctor for preventive care visits. They have one child with a chronic condition.

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 (Child's Expenses)		High Deductible Health Plan (HDHP) \$3,300 Plan	You Pay	Traditional Copay \$1,000 Plan	You Pay
Preventive Care Visit (Includes Family Visits)	\$1,500	Preventive Care Visit - Plan Covers at 100%	\$0	Preventive Care Visit - Plan Covers at 100%	\$0
Hospital Stay	\$8,500	Hospital Stay - Deductible	\$3,300	Hospital Stay - Deductible	\$1,000
		Hospital Stay - Coinsurance (Covers 80% after deductible is met)	\$1,040	Hospital Stay - Coinsurance (Covers 70% after deductible is met)	\$2,250
5 Doctor (PCP) office visits (\$400 each visit)	\$2,000	5 Doctor (PCP) office visits (Coinsurance covers 80% after deductible is met)	\$400	5 Doctor (PCP) office visits (Copays \$35 each)	\$175
5 Specialist office visits (\$600 each visit)	\$3,000	5 Specialist office visits - (Coinsurance Covers 80% after deductible until \$5,000 out of pocket maximum is met), you are now covered at 100% for the rest of the year)	\$260	5 Specialist office visits (Copay \$60 each)	\$300
10 Generic Prescriptions (Rx)	\$850	10 Generic Prescriptions (\$0 cost since the out-of-pocket maximum has been met)	\$0	10 Generic Prescriptions - Copays \$15 each	\$150
Annual Total Expenses Billed to your Provider	\$15,850	Total Amount of Medical Expenses You Pay	\$5,000	Total Amount of Medical Expenses You Pay	\$3,875
		Total Annual Employee Payroll Contributions Deducted from Paychecks (Family Coverage)	\$0	Total Annual Employee Payroll Contributions Deducted from Paychecks (Family Coverage)	\$6,560
		Your Total Annual Cost	\$5,000	Your Total Annual Cost	\$10,435

In this scenario, by selecting the HDHP, you save \$5,435 annually. You have \$0 employee payroll contributions deducted from your paycheck on the HDHP since HelloFresh covers that cost.

Plan Comparisons (Continued)

High Deductible Health Plan (HDHP): \$0 employee payroll contributions; you pay for services as needed throughout the year, which will be applied towards your deductible, coinsurance, and out-of-pocket maximum (Prescription and ER has copays after deductible).

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

Jasmine is 31 years old, single and uses the plan for preventive care and minimal medical needs.

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)		High Deductible Health Plan (HDHP) \$3,300 Plan	You Pay	Traditional Copay \$1,000 Plan	You Pay
Preventive Care Visit	\$500	Preventive Care Visit - Plan Covers at 100%	\$0	Preventive Care Visit - Plan Covers at 100%	\$0
2 Doctor (PCP) office visits (\$400 each visit)	\$800	2 Doctor (PCP) office visits - Deductible	\$800	2 Doctor (PCP) office visits (Copays \$35 each)	\$70
1 Urgent Care Visit	\$600	1 Urgent Care Visit	\$600	1 Urgent Care Visit (Copays \$75)	\$75
1 Generic Prescriptions (Rx)	\$60	1 Generic Prescriptions (Rx) (deductible)	\$60	1 Generic Prescriptions (Rx) (Copay \$15)	\$15
Annual Total Expenses Billed to your Provider	\$1,960	Total Amount of Medical Expenses You Pay	\$1,460	Total Amount of Medical Expenses You Pay	\$160
		Total Annual Employee Payroll Contributions Deducted from Paychecks (Employee Coverage)	\$0	Total Annual Employee Payroll Contributions Deducted from Paychecks (Employee Coverage)	\$1,312
		Your Total Annual Cost	\$1,460	Your Total Annual Cost	\$1,472

In this scenario, the two plans are quite similar, you save \$12 annually on the HDHP. You have \$0 employee payroll contributions deducted from your paycheck on the HDHP since HelloFresh covers that cost.

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 (Shawn and Kelly's Expenses)		High Deductible Health Plan (HDHP) \$3,300 Plan	You Pay	Traditional Copay \$1,000 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 \$0 employee payroll contributions deducted from your paycheck on the HDHP since HelloFresh covers that cost.

Medical Resources

Telemedicine

When you need medical advice, but don't have the time or want the cost associated with a trip to the doctor's office, virtual visits are available through MDLive. These can be done in just minutes with no travel time. It's quick, convenient, and saves you money. Doctors are available to treat many common medical conditions at times that are convenient for you.

- Virtual wellness screenings
- Routine care
- Cold, flu, and sinus infections
- Nausea and vomiting
- Asthma, allergies, and rashes
- Urinary tract infections
- Headaches and migraines
- Hair, skin, and nail conditions
- Stress and anxiety
- Trauma and grief counseling
- Insomnia, depression, and mood swings

MDLive preventive care is covered at 100% under both medical plans. If you are enrolled in the HDHP \$3,300 Plan, you must meet your deductible for all other MDLive visits, after which there will be no cost. Before meeting your deductible, costs for an MDLive visit will range from approximately \$55 to \$125. You can check your specific costs on both myCigna and MDLive before making an appointment. If you are in the Traditional Copay \$1,000 Plan, there is a \$15 copay per appointment for all other MDLive services.

To learn more or make an appointment, visit [myCigna.com](https://mycigna.com) and select "Talk to a Doctor."

Wellness Benefits

Achieving your health goals is a journey and to help you, HelloFresh provides multiple programs and incentives to support your overall well-being with a focus on preventive care. The purpose of preventive care is maintaining wellness and good health before you feel sick or notice any symptoms and is designed to prevent or delay the onset of illness and disease. The Center for Disease Control (CDC) asserts that treatment for chronic diseases works best when they are detected early. Preventive care is important because it alerts you to obtain prompt treatment when necessary, and it can also help reduce your overall medical expenses.

Preventive care visits are covered at no cost to you when you seek care with an in-network healthcare provider if you are enrolled in a HelloFresh medical plan, and you can earn rewards through the Cigna Wellness Experience.

Health Assessment	Health Assessment Completion	\$100
Biometric Screening	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

Instructions on viewing and redeeming rewards for Cigna's well-being and preventive care programs are available at [MyHelloFreshBenefits.com](https://myHelloFreshBenefits.com).

Cigna Perks and Programs

With Cigna Perks & Programs (formerly Healthy Awards), you can receive discounts on products and services that support your health and well-being. Get discounts on Fitness Memberships, Lasik Surgery, and Hearing Aids. Log into [myCigna.com](https://mycigna.com) and navigate to the Perks & Programs tab.

You will also have access to discounts on other products and services such as yoga products, fitness devices, and much more through the new Wellness Store. You can access the Wellness Store through the Wellness tab on [myCigna.com](https://mycigna.com).

Medical Resources (Continued)

24/7 Health Information Line

Call Cigna any time day or night to speak with a trained nurse, who can:

- Answer questions about health concerns.
- Help you decide where to go for care when your doctor, dentist, or eye doctor isn't available.
- Help you find providers and specialists in your area.
- Remind you about scheduling important screenings and exams, including dental checkups.

Cigna One Guide

Your Cigna One Guide team can help you 24/7:

- Understand how your plan works.
- Get answers to all your health plan questions. Find in-network providers.
- Get cost estimates to avoid surprises.
- Connect with health coaches for one-on-one support.

Call **1-877-501-7990** or click-to-chat with your personal guide on **myCigna.com** or the myCigna App.

myCigna App

The myCigna App makes it easy to access all your health plan information — all in one place. Log in anytime, anywhere to:

- View medical claims, access your ID card, and receive important details about your health plan benefits.
- Track your healthcare spending and find doctors and facilities in your plan's network.
- Check what your plan covers and how much you might pay.

Download the myCigna App from the App Store or Google Play Store.

Behavioral Health Resources

Your Cigna plan includes a wide national network of licensed therapists, psychiatrists, nurse practitioners, and behavioral health specialists. Providers can diagnose, treat, and prescribe medications for many common mental health conditions such as anxiety, depression, and burnout during non-emergency situations.

To find a provider or to connect to virtual behavioral care, visit **myCigna.com**.

Cigna Enhanced Behavioral Health

Unlimited real-time support

Get immediate care and support 24/7/365. Cigna's licensed clinicians provide consultations in the moment to help you with a care plan or talk about what you are going through.

A special Care Navigator to help and guide you.

This is your single point of contact for whatever needs or concerns you have throughout your path to care.

100% follow-up

After you have engaged, Cigna will check in with you to make sure your needs are being met. If you need additional support, Cigna can help you with that too.

Call the number on your Cigna ID card and ask for Behavioral Health to access any of these services.



Medical Resources (Continued)

Comprehensive Oncology

The Comprehensive Oncology Program can help members who are diagnosed with cancer or are at high risk of developing cancer. Patients, families, and caregivers can work one-on-one with a Cigna coach. These trained nurses can help you understand a diagnosis, evaluate providers and treatment options, and provide one-on-one emotional and social support.

Cigna may reach out to you if your lifestyle and/or family history put you at risk for developing cancer and will share cancer prevention education and information.

This service is provided as part of your Cigna medical plan at no additional cost.

Family Planning

Whether you're trying to have a baby now or hope to someday, the Cigna Healthy Pregnancies, Healthy Babies program is here to help.

Preconception Support

- Receive 24/7 planning and infertility support.
- Get help finding local fertility resources and available benefits.

Pregnancy Support

- Pregnancy coaches with nursing experience are available by phone 24/7 to help you with questions from morning sickness to maternity benefits.
- Coaches will support you throughout your pregnancy, helping to keep you and your baby healthy and manage any health risks you might have.

What You'll Receive:

Unlimited coaching calls.

When you enroll in Cigna Healthy Pregnancies, Healthy Babies and complete the program, including your postpartum check-in, you'll be eligible to receive \$150 when enrolled in the 1st trimester or \$75 if enrolled in the 2nd trimester.

You can receive a breast pump through Cigna at no additional cost once you reach your 28th week of pregnancy.

Additional Family Planning Support

It is important to HelloFresh that our benefits program creates a more inclusive path to parenthood. For employees enrolled in a Cigna medical plan, HelloFresh offers medically necessary infertility treatments with a \$70,000 lifetime maximum and a conception benefit with a \$10,000 lifetime maximum for those who do not have a diagnosis of infertility.



Medical Resources (Continued)

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. The program is available to members with musculoskeletal conditions and coordinates with the Hinge Health virtual therapy offering.

To learn more, log into myCigna.com or call **1-877-501-7990**.

Hinge Health Virtual Muscle and Joint Care Program

Living with pain or decreased mobility can be frustrating and discouraging. In addition, scheduling and traveling to physical therapy appointments can be challenging. To help you manage the treatment of muscle and joint problems, you can enroll in **free** virtual physical therapy through Hinge Health on any HelloFresh Cigna medical plan.

Hinge Health is designed to make it easy to begin — and stick with — a physical therapy program right from the comfort of your home. It can address most types of back and joint issues, helping to reduce pain and improve strength and mobility as you recover from surgery, work to avoid surgery, or try to reduce the need for medication.

With Hinge Health:

- Match with a licensed professional physical therapist to receive an evaluation and personalized treatment plan.
- Live virtual consultation and instruction will show you how to use sensors and monitors that provide real-time feedback to correct your form as you do prescribed exercises.
- Your physical therapist will review your progress and adjust your program as needed.
- Watch educational videos, chat regularly with your physical therapist, and apply behavioral therapy strategies to help train your brain as you work your body.

Omada Diabetes Program

A personalized program with one-on-one coaching, specialist support, and smart devices to help you lose weight, manage diabetes, and lower blood pressure.

If you or your covered adult dependents are enrolled in one of the Cigna medical plans, are at risk for type 2 diabetes or heart disease or are living with diabetes or high blood pressure, and are accepted into the program, you'll receive the program at **no additional cost**.

When you enroll in Omada's Digital Coaching program and complete 9 lessons or lose 5% weight in a 26-week period, you will be eligible for a \$50 wellness incentive.

Visit omadahealth.com/hellofresh for more information and to check if you are eligible.

All in with Autism Program

All in with Autism offers tips, toolkits, and podcasts to help families deepen their understanding of autism and learn how to come together at every stage of development. Resources include a symptom checklist and activities to help your child build their abilities at home.

To learn more, visit Cigna.com.

Pharmacy

- Medical plan participants can log in to myCigna.com to find in-network pharmacies that are part of your plan.
- Find out if your medications are covered and which tier they are in. Lower-cost brand-name drugs and generics are usually in Generic and Preferred Brand tiers. You will save the most money when you use Generic drugs.
- If you choose to fill a 90-day supply of your drugs, you can use select in-network retail pharmacies that are approved to fill 90-day prescriptions. Log in to myCigna.com and click on "Find Care & Costs" to find a pharmacy near you.
- If you take medicines regularly or need them on a long-term basis, you can save time with home delivery. You can also receive a 90-day supply of your drugs delivered to your door with home delivery. Maintenance medicines can vary in amounts. Log in to myCigna.com to sign up.
- Generic contraceptives and diaphragms are covered and available at no additional cost.
- If you have a complex health condition that requires specialty drugs for your treatment contact Cigna at **1-877-501-7990**.

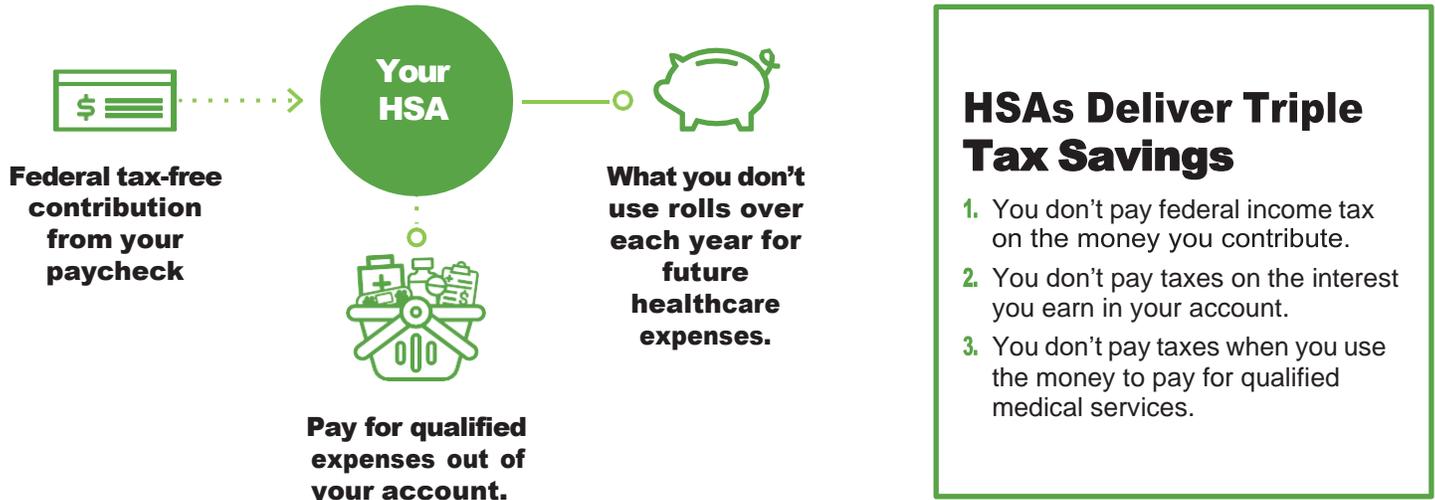
Health Savings Account (HSA)

Save for future medical costs and reduce your taxes with this special health savings account available to employees enrolled in the HelloFresh High Deductible Health Plan (HDHP) \$3,300 Plan. Out-of-pocket medical expenses can add up quickly. Over time, healthcare likely will be your largest household expense. A Health Savings Account (HSA) allows you to build up protection for future healthcare expenses.

You can contribute pre-tax money to your HSA and use it any time for qualified healthcare expenses for yourself and your eligible family members. Please visit [cigna.com/individuals-families/member-guide/eligible-expenses](https://www.cigna.com/individuals-families/member-guide/eligible-expenses) for a list of eligible HSA expenses. Any funds you do not use roll over for future years and is your money to keep even if you leave your employer. Better yet, HSAs provide tax advantages.

Set up your HSA payroll contributions at any time throughout the year on Workday's enrollment portal. You can make changes at any time during the year as your needs change. You'll receive a debit card from HSA Bank. Your HSA Bank account balance earns interest, and once your balance reaches \$1,000, you can invest it in mutual funds. There is no investment account fee. Additionally, there is a \$1.25 monthly fee for paper statements deducted from your account. The monthly paper statement can be started or stopped after the account has been opened by visiting [myCigna.com](https://www.myCigna.com). The online statements are always free of charge.

NOTE: If you enroll in this plan, you will not be able to make a healthcare flexible spending account (FSA) election.



Keys to Growing Your Health Savings Account (HSA):

With the HDHP having a \$0 employee payroll contribution, you can take these savings and contribute to the HSA instead! Since unused funds roll over from year to year, you can easily accumulate a balance for any future healthcare needs.

- Consider electing supplemental benefits (Specified Disease, Hospital Indemnity, and/or Accident Insurance) to help offset big ticket expenses from unexpected serious illnesses or injuries and to ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds may, in some circumstances, be invested. Make sure your money is growing at an acceptable and safe pace.

HOW MUCH CAN YOU CONTRIBUTE?	ANNUAL IRS CONTRIBUTION LIMIT	ANNUAL IRS CONTRIBUTION LIMIT IF 55+ *
Individual Coverage	\$4,300	\$5,300
Family Coverage	\$8,550	\$9,550

* If an individual reaches age 55 by the end of the calendar year, they can contribute an additional \$1,000.

NOTE: Amounts change yearly per IRS guidelines.

Dental Benefits

Your dental health is an important part of your overall wellness. The following dental insurance option is offered through Cigna. Although you can choose any dental provider, you can save by using a dentist in **Cigna's Total DPPO Network**. To check if your dentist is in-network, use the provider directory on myCigna.com.

BENEFIT	IN-NETWORK
Annual/Calendar Year Maximum	\$1,500
Annual/Calendar Year Deductible (Individual/Family)	\$50/\$150
Preventive Services	You pay nothing
Basic Services	You pay 20% or 50% coinsurance depending on service
Major Services	You pay 50% coinsurance
Orthodontia Lifetime Maximum* for dependent children up to age of 19	\$1,500 maximum, you pay 50% coinsurance

* Adult orthodontia is not covered under the dental plan.

BI-WEEKLY PAYCHECK CONTRIBUTIONS	
Employee Only	\$1.91
Employee + Spouse/Domestic Partner	\$7.42
Employee + Child(ren)	\$8.82
Family	\$17.26

Dental Virtual Care

Cigna Dental Virtual Care is offered through The TeleDentists. You and your covered family members can see a dentist from the comfort and safety of home via video call – with no copay or coinsurance costs (does count towards annual plan maximum). With The TeleDentists, you can:

- Connect 24/7/365 with licensed dentists.
- Get help with urgent dental needs, such as a toothache, an infection, swelling, bleeding and more. Get advice and guidance for more involved care, if necessary.
- Have prescription(s) sent directly to your pharmacy, if appropriate.

Connect with The TeleDentists by visiting myCigna.com and select “Find Care & Costs.”

5 TIPS FOR DENTAL HEALTH

1. Regular check-ups and professional cleanings can help detect problems early and prevent more serious issues. If you are pregnant, speak with your dentist so they can help you plan additional care during your pregnancy.
2. If your estimated expenses are \$200 or more, ask your dentist to contact Cigna for a pretreatment review of the covered amount for the suggested treatment plan.
3. Cigna's Dental Oral Health Integration Program offers enhanced dental coverage for members with certain medical conditions. Members may receive coinsurance reimbursement for eligible dental services and guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible but will be applied to the plan annual maximum.

For more information and complete list of terms and eligible conditions, go to myCigna.com or call customer service 24/7 at **1-877-501-7990**.

4. The American Academy of Pediatric Dentistry (AAPD) recommends that infants see the dentist for their first dental exam within 6 months of getting his/her first tooth or by their first birthday. After the initial dental visit, regular visits, based on the child's oral health needs, are recommended.
5. Don't forget you can use your HSA or FSA funds to cover out-of-pocket dental costs such as deductible, coinsurance, orthodontia and amounts exceeding the annual maximum.

Vision Benefits

HelloFresh offers vision coverage through EyeMed and includes eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction. When you need services, consider using an in-network provider for the most bang for your buck! To locate an **Insight Network** provider, visit eyemed.com.

BENEFIT	IN-NETWORK
Exam (Once every plan year)	\$15 copay
Lenses (Once every plan year)	
Single	Covered in full after \$25 copay
Bifocal	Covered in full after \$25 copay
Trifocal	Covered in full after \$25 copay
Frames (Once every other plan year)	\$0 copay; 20% off balance over \$130 allowance
Contact Lenses Instead of Glasses (Once every plan year)	
Conventional	\$0 copay; 15% off balance over \$130 allowance
Disposable	\$0 copay; 100% of balance over \$130 allowance
Medically Necessary	\$0 copay; paid-in-full

BI-WEEKLY PAYCHECK CONTRIBUTIONS	
Employee Only	\$0.58
Employee + Spouse/Domestic Partner	\$1.59
Employee + Child(ren)	\$1.47
Family	\$2.57



5 TIPS FOR A LIFETIME OF HEALTHY VISION

1. Schedule yearly eye exams. Visiting your eye doctor regularly helps you see your best, protects your sight, and even detects serious health conditions such as diabetes.
2. Protect your eyes against UV rays. No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
3. Give your eyes a break from digital devices. Digital screens emit a specific type of blue and violet lights which can negatively impact eye health and cause digital eye strain.
4. Quit smoking. Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
5. Practice safe wear and care of contact lenses. Keep them clean and follow the recommendations for use and wear.

Flexible Spending Accounts (FSAs)

A Flexible Spending Account (FSA) is an account that can reimburse you for qualified healthcare or dependent care expenses. You can pay for qualified expenses with pre-tax dollars deducted from your paychecks. You are eligible to participate in two separate FSA accounts, a Healthcare FSA and a Dependent Care FSA.

NOTE: If you are enrolled in the HDHP with HSA plan, you are not eligible to participate in the healthcare FSA.



Deductibles, copays, prescription drugs, medical equipment, etc.



Babysitters, day care, day camp, home nursing care, etc.

How Flexible Spending Accounts (FSAs) Work

1. When you are enrolling, you decide how much to set aside for healthcare and dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. You can use your FSA debit card to pay for eligible healthcare expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement. Dependent Care reimbursement can be submitted on the Flores website or app.

Please note that these accounts are separate — if eligible, you may choose to participate in one, both, or none. You cannot use money from the healthcare FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

PLAN	ANNUAL MAXIMUM CONTRIBUTION	WHEN ARE FUNDS AVAILABLE
Healthcare Flexible Spending Account	You may contribute up to the limit of \$3,300.	Funds will be available as of the plan effective date.
Dependent Care Flexible Spending Account	You may contribute up to \$5,000 annually or \$2,500 if you are married and file a separate tax return.	Funds are available when they are deposited into your account each paycheck.

NOTE: See IRS Publications 502 and 503 for a complete list of covered expenses.

Use It or Lose It!

Be sure to calculate your FSA contributions carefully. These funds **do not roll over from year-to-year** above the carryover limits below, and you must actively enroll on a yearly basis. You are not automatically re-enrolled.

You must incur your 2025 Healthcare FSA expenses by the end of your plan year, which is 12/31/25 or your termination date, whichever comes first.

If you have any money left in your account(s) at the end of the plan year:

- **Healthcare FSA:** You may carry over up to \$660 for use in the next plan year.
- **Dependent Care FSA:** You may incur additional claims until March 15 of the following plan year. After that, your balance will be forfeited.



Healthcare Items You Might Not Realize Are FSA Eligible:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts and other foot grooming treatments
- Travel pillows
- Motion sickness bands

For a complete list of covered expenses, go to [flores247.com](https://www.flores247.com).

Disability Insurance

Your ability to bring home a paycheck is a valuable asset. We help you protect it. HelloFresh provides Short-Term and Long-Term Disability coverages at no cost to you. HelloFresh also offers employees who make over an annual base salary of \$50,000 or more per year the option of purchasing Buy-Up Long-Term Disability coverage.

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages.

NOTE: If you don't enroll in the Buy-Up Long-Term Disability plan when it's first available to you, you will be required to complete an evidence of insurability (EOI) form during open enrollment. You can fill out an EOI form through a Workday task in your inbox.

Short-Term Disability (STD)

Short-Term Disability (STD) insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time.

HelloFresh provides STD coverage at no cost to you and enrollment is automatic. After a 14 day elimination period and you are declared disabled, you will receive 60% of your base weekly earnings to a maximum of \$2,500 per week.

Long-Term Disability (LTD)

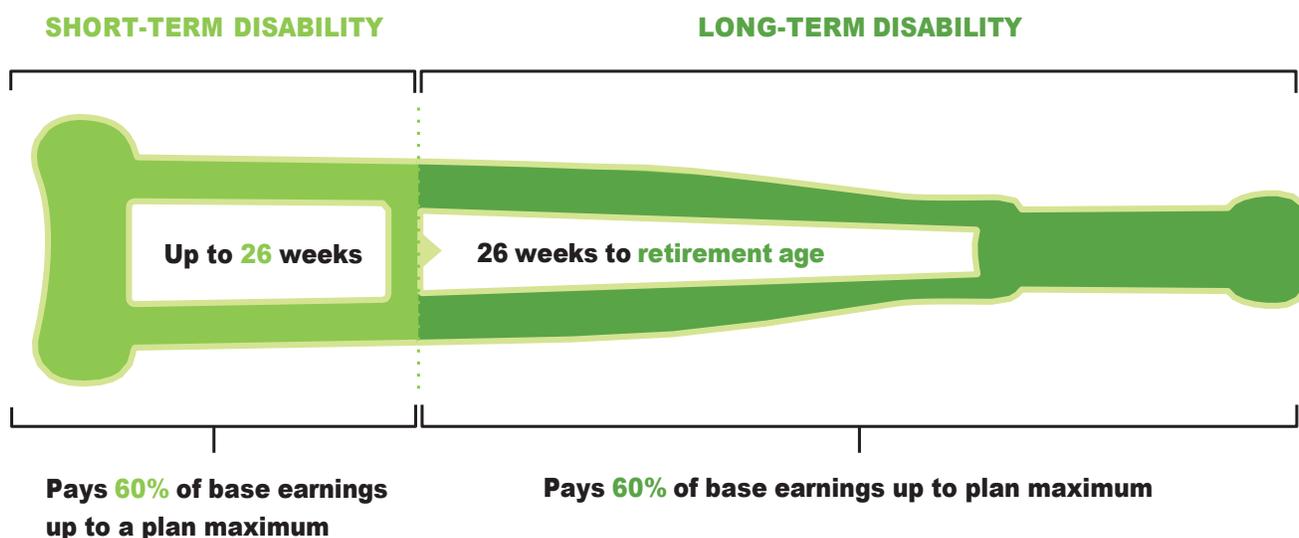
Long-Term Disability (LTD) insurance helps protect your finances when your disability continues beyond the period covered by the STD plan.

HelloFresh provides LTD coverage at no cost to you and enrollment is automatic. The benefit is equal to 60% of your base monthly earnings to a maximum of \$2,500 per month. Benefits begin after 180 days of disability.

Buy-Up Long-Term Disability

Depending on your household budget, you may need additional disability coverage. To help you increase your disability protection, employees who make an annual base salary of \$50,000 or more per year can purchase additional long-term coverage at an affordable cost.

The benefit is equal to 60% of your base monthly earnings to a maximum of \$10,000 per month. Benefits begin after 180 days of disability.



Life and Accidental Death and Dismemberment (AD&D) Insurance

Life insurance helps ensure that your loved ones are financially supported in the event of the unexpected and you are no longer here to provide for them. With Basic Term Life insurance provided by HelloFresh, plus additional employee paid voluntary options, you can create a life insurance plan that offers peace of mind and security for the future.

Basic Term Life and AD&D Insurance

HelloFresh provides eligible employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) coverages at no cost, and enrollment is automatic.

- **Basic Term Life*:** The benefit is equal to 1X your base annual earnings to a maximum of \$500,000.**
- **AD&D:** If you are seriously injured or lose your life in an accident, you will be eligible for 1X your base annual earnings to a maximum of \$500,000.**

* Evidence of insurability (EOI) is not required.

** Annual earnings are rounded to the next higher \$1,000.

NOTE: Under the tax law, the value of employer-provided group term life insurance in excess of \$50,000 is taxable. The value is determined by your age and schedule established by the IRS. If you make over \$50,000 a year, this is added to your gross wages and is included on your form W-2 at the end of the year. Please see page 15 of IRS Publication 15-B for more information (www.irs.gov/pub/irs-pdf/p15b.pdf).

Voluntary Life and AD&D Insurance

You may also choose to purchase Voluntary Life and AD&D insurance coverages in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll contributions.

You must enroll in coverage for yourself in order to cover your spouse, domestic partner, or eligible children. If you don't enroll in Voluntary Life when it's first available to you, or elect an amount over the guaranteed issue, you will be required to complete an Evidence of Insurability (EOI) form. Evidence of insurability is when you provide information on you or your dependent's health conditions in order to be granted eligibility for certain coverage. You can fill out an EOI form through a Workday task in your inbox.

Employee: Amounts in \$10,000 increments are available to a maximum of 6X annual earnings or \$500,000, whichever is less. You can elect up to \$150,000 in coverage, with guaranteed issue, without EOI.

Spouse/Domestic Partner: Amounts in \$5,000 increments are available to a maximum of 100% of employee life or \$250,000, whichever is less. You can elect up to \$25,000 in coverage, guarantee issue, without EOI.

Child(ren):

• **Live Birth to 14 Days:** \$1,000

14 Days to 6 Months: \$2,000

6 Months to 19 Years (or 26 if full-time student): Amounts in \$2,000 increments are available to a maximum of \$10,000.

LIFE INSURANCE PLAN COMPARISON CHART	
BASIC TERM LIFE	VOLUNTARY LIFE
The premiums are fully company-paid.	Premiums are paid by you and increase as you age.
In the event of your death, this plan pays out so that your family can cover items like funeral expenses, mortgage, tuition, household expenses, etc.	In the event of your death, this plan pays out so that your family can cover items like funeral expenses, mortgage, tuition, household expenses, etc.
Portability and Conversion: You may be able to take your policy with you if you change jobs or retire. But you will need to pay for the premium.	Portability and Conversion: You may be able to take your policy with you if you change jobs or retire. But you will need to pay for the premium.

Life and Disability Payroll Contributions

Voluntary Life and AD&D Insurance

Bi-Weekly Payroll Contributions

Age	Employee Life per \$10,000 of Coverage	Spouse Life per \$5,000 of Coverage
15-24	\$0.17	\$0.08
25-29	\$0.19	\$0.10
30-34	\$0.25	\$0.13
35-39	\$0.38	\$0.19
40-44	\$0.58	\$0.29
45-49	\$0.90	\$0.45
50-54	\$1.32	\$0.66
55-59	\$1.88	\$0.94
60-64	\$2.42	\$1.21
65-69	\$3.44	\$1.72
70-74	\$6.51	\$3.26
75+	\$20.13	\$10.07
	Employee AD&D per \$10,000 of Coverage	Spouse AD&D per \$5,000 of Coverage
	\$0.07	\$0.04
Child Life Rate per \$2,000	\$0.17	

Buy-Up Disability Insurance

Bi-Weekly Payroll Contributions

Buy-Up Long-Term Disability	
Bi-Weekly Rate	\$0.05

Buy-Up Long-Term Disability		
Annual Salary	\$ / 12 months =	\$(Maximum \$16,668)
Monthly Earnings	\$ / \$100 =	(Maximum = \$166.68)
Benefit Rates	\$ X (.0485) =	(your bi-weekly contribution)

Specified Disease Insurance

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental benefits can help offset this out-of-pocket financial exposure for a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance. HelloFresh offers Specified Disease insurance, Accident insurance, and Hospital Indemnity insurance.*

Please note: These plans are not replacements for medical insurance.

NOTE: 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. Please see your Summary Plan Description (SPD) for complete details.

Specified Disease Insurance

You can protect yourself from the unexpected costs of a serious illness. Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Specified Disease insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

Specified Disease Insurance Includes:

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

Plan Features

- You do not have to be terminally ill to receive benefits.
- Coverage options are available for your spouse/domestic partner and children as riders to your coverage. * Spouse/domestic partner coverage can be elected at 50% of the employee's election. Eligible children are automatically enrolled at 50% of employee's elected coverage.
- Coverage is portable — you can take your policy with you if you change jobs or retire.

The cost of the benefit will vary depending upon factors such as your age and coverage amount you choose. Please see the costs for Specified Disease Insurance on the following page.

*If you elect coverage for your spouse, you must provide notification to HelloFresh Benefits and Payroll Connect if your spouse no longer meets the definition of a spouse.



Be Well Health Screening Benefit

The Specified Disease insurance plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

Specified Disease Insurance Payroll Contributions

Specified Disease Insurance Bi-Weekly Payroll Contributions

Choose a coverage of \$10,000, \$20,000, \$30,000 or \$40,000 for Employees. If you elect for yourself, you are only able to elect exactly 50% of this amount for your spouse/domestic partner.

Children under 26 years old are automatically covered at no extra cost at 50% of the employee coverage amount.



BI-WEEKLY PAYCHECK CONTRIBUTIONS		
	EMPLOYEE	SPOUSE
Age	Rate per \$10,000	Rate per \$5,000 (based on employee age)
Under 25	\$0.780	\$0.390
25-29	\$0.920	\$0.460
30-34	\$1.150	\$0.580
35-29	\$1.480	\$0.740
40-44	\$1.980	\$0.990
45-49	\$2.770	\$1.380
50-54	\$3.880	\$1.940
55-59	\$5.350	\$2.680
60-64	\$7.710	\$3.850
65-69	\$11.030	\$5.520
70-74	\$16.250	\$8.120
75-79	\$22.020	\$11.010
80-84	\$28.150	\$14.080
85+	\$40.340	\$20.170

Accident & Hospital Indemnity Insurance

Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accident insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical therapy
- Emergency room treatment
- Transportation

Plan Features

- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse/ domestic partner and eligible children. *
- **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job.
- **Payroll Contributions:** Premiums are paid through convenient payroll contributions.

BI-WEEKLY PAYCHECK CONTRIBUTIONS	LOW PLAN	HIGH PLAN
Employee Only	\$3.18	\$4.10
Employee + Spouse/ Domestic Partner	\$5.79	\$7.42
Employee + Child(ren)	\$7.13	\$9.28
Family	\$9.74	\$12.59

Hospital Indemnity Insurance

Receive payments to help offset the cost of a hospital stay. If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital indemnity insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit for the day you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

Plan Features

- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse/ domestic partner and children. *
- **Payroll Contributions:** Premiums are paid through convenient payroll contributions.
- **Portable Coverage:** You may be able to take your policy with you if you change jobs or retire.

BI-WEEKLY PAYCHECK CONTRIBUTIONS	LOW PLAN	HIGH PLAN
Employee Only	\$3.29	\$6.01
Employee + Spouse/ Domestic Partner	\$6.52	\$11.91
Employee + Child(ren)	\$4.46	\$8.13
Family	\$7.69	\$14.04

Please note: These plans are not replacements for medical insurance.

*If you elect coverage for your dependent children, you must provide notification to HelloFresh Benefits and Payroll Connect 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 HelloFresh Benefits and Payroll Connect if your spouse no longer meets the definition of a spouse.

Be Well Health Screening Benefit

The Accident and Hospital Indemnity insurance plans both provide a \$50 benefit each per covered person, per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.



Additional Benefits

We offer a variety of additional benefits that give you options beyond healthcare and income protection.

Commuter Account

HelloFresh offers commuter benefits that reduce your cost of getting to and from work. With a commuter account, you can pay for eligible public transportation expenses on a pre-tax basis. You can set aside up to \$325 per month for public transportation costs and up to \$325 per month for parking costs. You will receive a debit card from Flores to use at the point of purchase to pay for your parking and/ or transit expenses. Please note that your debit card will not allow you to spend more than you have contributed to date. You also cannot swipe the card for an amount that exceeds the IRS monthly maximum in a given month. Commuter Account election can be changed at any time in Workday.

NOTE: You will receive one card from Flores for the Healthcare Flexible Spending Accounts and/or Commuter spending account.

Key Features of a Commuter Account

- **Substantial Tax Advantages:**

Reduce your federal taxes by the amount of transit and parking you purchase, subject to IRS limits.

- **Multiple Uses:** Use for several of your work related transportation and parking expenses, including trains, buses, subways, ferries, vanpools, and parking.

- **Wallet Wise and Environmentally Friendly:**

Public transit saves money on gas while improving air quality and reducing energy consumption, automobile congestion, and greenhouse gas.

NOTE: Not all expenses are eligible, for example Uber/Lyft, tolls, and gas for personal vehicle.

Employee Assistance Program (EAP)

Balancing the demands of work, family, and personal needs can be challenging, especially during uncertain times. HelloFresh knows how important it is to have support when you need it most. Our employee assistance program (EAP) is available at no cost to you and your family members and provides confidential counseling and resources to help you with concerns such as:

- Anxiety and depression
- Grief and loss
- Substance abuse
- Financial and legal concerns
- Relationship and family matters
- Parenting

Plan Features

- Provided at no cost to you and your family members.
- Includes up to 3 in-person visits per issue per year. Unlimited online/phone support.
- Confidential services provided by licensed professionals.
- Available 24/7/365.



Additional Benefits (Continued)

Legal Resources

Unum's legal resources provide you access to a network of participating attorneys for help with a wide range of legal matters, at no cost to you, such as:

- Court appearances
- Document review and preparation
- Debt collection and defense
- Will preparation
- Family law
- Real estate matters

For more information visit unum.com/lifebalance.

Medical Bill Saver

Medical Bill Saver is available at no cost to HelloFresh employees and gives employees a place to turn when faced with unplanned medical or dental expenses. This resource may help reduce non-covered medical and dental bills over \$400, regardless of insurance or benefit status. Medical Bill Saver will:

- Contact doctors, dentists, hospitals, surgery centers, and other providers on employees' behalf to negotiate discounts on the balance due and/or payment plans.
- Obtain provider sign-off on payment terms and conditions.
- Provide a savings results statement summarizing the outcome.

Bright Horizons

When school, work, and family schedules go head-to-head, we've got solutions. Fill care gaps when your normal care arrangements fall through – whether planned or unexpected. Reserve back-up child care in a high-quality center or in your home; or schedule adult/elder back-up care in your home or theirs. Support your family with up to 10 days of back-up care per year at no cost to you. Your back-up care credits will reset each February 1st.



Start Making Your Life Easier

Learn More at clients.brighthorizons.com/hellofresh

Questions? Call **877-BH-CARES (242-2737)**

For more detailed information, visit the HelloFresh benefits website www.myhellofreshbenefits.com.

401(k) Plan

Start Your Prep for Retirement Today

What's the number one most important thing you can do when it comes to retirement? It's very simple; get started by enrolling in the HelloFresh 401(k) Retirement Savings Plan through Voya!

When You Can Join

You can enroll in the 401(k) plan as an active participant immediately after you meet the following requirements:

- You are age 21 or older, and
- You have completed 3 consecutive months of employment.

401(k) Elective Deferral Contributions

When you sign up, you decide how much you want to defer. Your 401(k) elective deferral contribution will be a pre-tax elective deferral contribution unless you designate all or a portion as Roth after-tax elective deferral contribution.

Matching Contributions

HelloFresh's matching contributions give you an additional return on the amount you defer. The plan offers a Safe Harbor match of 100% of your contribution up to 3% of compensation and then 50% of the next 2%. That means if you save 5% or more of your pay, HelloFresh will add 4% in matching contributions.

Limits

401(k) Elective Deferral Limits: The IRS sets each year's contribution limit. For 2025 the employee salary deferral limit is \$23,500 plus if you will be at least age 50 by the end of the year, you are eligible to make an additional \$7,500 catch up contribution. There is a special catch-up contribution limit of \$11,250 for those who will be age 60-63 as of 12/31/2025.

Withdrawals from Your Account

There are specific scenarios where you can withdraw funds from your account. If you are separated from service or are age 59 1/2 or older, you may withdraw all or any part of your vested account under certain circumstances.

Vesting in Your Account

You are always 100% vested in the value of your own contributions and 100% vested on any safe harbor matching contribution.

Enroll Now

Call **1-888-311-9487**

Plan Number - 551637 Verification Number - 55163799

Rollover Services - 866-865-2660

Enrollment Website - **enroll.voya.com**

Already enrolled?

Visit **voyaretirementplans.com** to view, manage your account or make changes throughout the year.

401(k) Plan (Continued)

Pay Yourself to Save

If you decide to invest, doing so with the HelloFresh 401(k) Plan may keep more money in your pocket today.

Consider the chart below showing the difference between investing with a plan versus investing outside a plan.

Ann makes \$40,000 a year and decides to put aside 6% of her bi-weekly pay for the future. ¹		
	If she contributes to the 401(k) Plan	If she saves outside the 401(k) Plan
Her bi-weekly paycheck	\$1,539	\$1,539
6% of her bi-weekly pay contributed to the plan (money saved inside the plan)	-\$92	N/A
Her new taxable income	\$1,447	\$1,539
Federal income taxes	-\$405	-\$431
Take-home pay	\$1,042	\$1,108
Money saved outside the plan	N/A	-\$92
Money left in her pocket per bi-weekly paycheck	\$1,042	\$1,016
4% match contributed to the plan by HelloFresh	\$62	N/A

¹This hypothetical illustration assumes a bi-weekly savings of \$92— or six percent of pay – equal to \$2,400 per year and a federal tax rate of 28 percent and is for demonstration purposes only. It is not intended to (1) serve as financial advice or as a primary basis for your investment decisions and (2) imply the performance of any specific security. Please note that distributions will be taxed as ordinary income when distributed and are subject to any tax penalties that may apply.

Compounding is a Multiplier Effect ²

The younger you start planning for retirement, the more you may benefit. By investing early in your career, you'll enjoy the potential benefits of tax-deferred growth and compounding of interest for decades.

Consider Larry and Susan. Susan not only ends up with more money than Larry, but she also contributed significantly less money than him. This is one of the potential benefits of starting early.

	Larry	Susan
Age at which savings started	45	25
Monthly contribution	\$300	\$100
Total contribution by age 65	\$72,000	\$48,000
Total pre-tax savings at age 65	\$171,798	\$324,180

²This hypothetical illustration assumes each account earns an annual rate of return of 8 percent and is for demonstration purposes only. It is not guaranteed and not based on the rate of return of any particular investment and does not include costs incurred under a particular investment. It is also not intended to serve as financial advice or as a primary basis for your investment decisions. Systematic investing does not ensure a profit nor guarantee against loss.

Investors should consider their financial ability to continue their purchases through periods of low-price levels. Taxes are generally due upon withdrawal.

401(k) Plan (Continued)

Traditional vs. Roth

Traditional pre-tax contributions are deducted from your paycheck before incomes taxes are withheld. Pre-tax contributions can lower your taxable wages in the current year. You will pay taxes on these contributions, and any investment earnings, in the year you withdraw the funds from the plan.

The HelloFresh 401(k) Plan offers an additional contribution option called Roth after-tax. It offers you the opportunity to take tax-free distributions when you retire (as long as you meet certain qualifications) – in exchange for paying taxes on your contributions upfront. Whether Roth after-tax is right for you depends on a variety of factors. You may want to consider this option if you can answer yes to any of the following questions.

- Are you looking for tax-free growth and tax-free retirement income?
- Are you interested in minimizing taxes on your Social Security benefits in retirement?
- Are you early in your career, anticipate pay raises in the future, and want to pay taxes now rather than in retirement?
- Are you simply unsure what tax rates will be in the future, and you want to essentially “lock in” today’s tax rates?
- Do you want to diversify your tax strategy and divide your contributions between before-tax and after- tax providing two different tax treatments on your retirement savings?

Take the following example. Stan makes \$40,000 a year and wants to save six percent of his bi-weekly salary for the future. For Stan, receiving potentially tax-free retirement income means a difference of as little as \$14 in his bi-weekly pay.

	Stan makes pre-tax contributions to the plan:	Stan makes Roth after-tax contributions to the plan:	Stan contributes both types:
Gross bi-weekly pay	\$1,538	\$1,538	\$1,538
Contribution percentage	6% before tax	6% after-tax	3% before tax. 3% after tax
Contribution amount	\$92	\$92	\$92
Tax on contributions	\$0	\$14	\$7
Total taken from pay (contributions and/or taxes)	\$92	\$106	\$99
Net pay to the employee	\$1,446	\$1,418	\$1432
4% match contributed to the plan by HelloFresh	\$62	\$62	\$62

Note: This hypothetical illustration assumes a bi-weekly savings of \$92 – or six percent of \$40,000 – and a federal tax rate of 15 percent and is for demonstration purposes only. It is not intended to (1) serve as financial advice or as a primary basis for your investment decisions and (2) imply the performance of any specific security. The introduction of the Roth after-tax option does not increase your total contribution limit to the plan. Your contributions, whether Roth after-tax or before-tax, or a combination of both in total, are subject to the Internal Revenue Code contribution limits. Taxes are generally due upon withdrawals of the tax-deferred assets and early withdrawal penalties may apply to withdrawals taken before age 59 1/2. You should consult with an advisor when you consider your options or make tax-related decisions. Legal and tax advice are not offered by Voya and its representatives.

Get More Information

BENEFIT	WHO TO CALL	WEBSITE	PHONE NUMBER
Medical & Prescription Drug	Cigna	Before enrollment: cigna.com After enrollment: myCigna.com	1-877-501-7990
Telemedicine	MDLive	myCigna.com	1-888-726-3171
Virtual Physical Therapy	Hinge Health	hinge.health/hellofresh	1-855-902-2777
Health Savings Account (HSA)	Cigna	myCigna.com	1-877-501-7990
Dental	Cigna	myCigna.com	1-877-501-7990
Vision	EyeMed	eyemed.com	1-866-800-5457
Flexible Spending Accounts (FSA), Commuter	Flores	flores247.com	1-800-532-3327
Disability	Unum	Employee Total Leave Portal: portal.unum.com Used for filing Leave and Disability Claims	1-866-868-6737
Life & Accidental Death & Dismemberment Claims	Unum	unum.com	1-866-868-6737
Specified Disease Insurance	Unum	Employee VB/Wellness Claims myunum.com Used for filing Specified Disease claims	1-800-635-5597
Accident Insurance	Unum	Employee VB/Wellness Claims myunum.com Used for filing Accident claims	1-800-635-5597
Hospital Indemnity Insurance	Unum	Employee VB/Wellness Claims myunum.com Used for filing Hospital Indemnity claims	1-800-635-5597
Medical Bill Saver	HealthAdvocate/ Unum	unum.com/lifebalance	1-800-854-1446
Back-up Care	Bright Horizons	clients.brighthorizons.com/hellofresh	1-877-242-2737
Employee Assistance Program	HealthAdvocate/ Unum	unum.com/lifebalance	1-800-854-1446
401(k) Retirement Plan	Voya	Participant Website: VoyaRetirementPlans.com Enrollment Website: enroll.voya.com	Enrollment Services: 1-888-311-9487 Member Services: 1-800-584-5001 Rollover Services: 1-866-865-2660
HelloFresh Benefits Payroll Connect	HelloFresh	N/A	1-877-431-7867
HelloFresh Benefits Website	HelloFresh	myhellofreshbenefits.com	N/A

Glossary

Affordable Care Act (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime dollar limits on medical benefits, covering preventive care in-network without cost-sharing if the plan is grandfathered, etc., among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for healthcare expenses on a tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

Out-of-Pocket Maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan Year

The year for which the benefits you choose during enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next enrollment period.

Preventive Care

Healthcare services you receive when you are not sick or injured—so that you will stay healthy.

These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).

Important Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained at myhelloworldfreshbenefits.com; you may also request a copy free of charge by calling **1-877-431-7867**.

Enclosed are important notices about your rights under your health and welfare plan (HelloFresh Employee Healthcare Plan), the "Plan". The information in the accompanying guide provides updates to your existing SPDs as of January 1, 2025 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. HelloFresh reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the HelloFresh Employee Healthcare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the HelloFresh Employee Healthcare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

HelloFresh, Human Resources
28 Liberty Street, New York NY 10005

If you have any questions, please contact the HelloFresh Human Resources Office.

Patient Protection Notice

HelloFresh Employee Healthcare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Cigna at **1-877-501-7990**.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from HelloFresh Employee Healthcare Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health

care professional in-network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact Bernie Lipman, Director of Benefits.

Women's Health and Cancer Rights Act

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at **1-877-501-7990**.

Newborns' and Mothers' Health Protection Act Disclosure

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

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Bernie Lipman, Director of Benefits for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

Important Notice from HelloFresh About Your Prescription Drug Coverage and Medicare Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with HelloFresh and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. HelloFresh has determined that the prescription drug coverage offered by the HelloFresh Employee Healthcare Plan is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose (or are losing) your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current HelloFresh coverage will not be affected.

Your HelloFresh coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

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

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

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

In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

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

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help. See the inside

back cover of your copy of the "Medicare & You" handbook for their telephone number.

- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help:

- Visit Social Security on the web at www.ssa.gov, or
- Call **1-800-772-1213**. TTY users should call **1-800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 15, 2024

Name of Entity/Sender: HelloFresh

Contact: Bernie Lipman

Address: 28 Liberty Street, New York NY 10005

Your ERISA Rights

As a participant in the HelloFresh benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued healthcare coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called “fiduciaries,” and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan’s decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan’s money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources

Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA’s website:

<https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>.

General Notice of Continuation Coverage Rights Under COBRA

Introduction

You’re getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event.

Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll

become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 0 days after the qualifying event occurs. You must provide this notice to Plan Administrator. Any notice you provide must state the name of the plan or plans under which you lost or are losing coverage, the name and address of the employee covered under the plan, the name(s) and address(es) of the qualified beneficiary(ies), and the qualifying event and the date it happened. The Plan Administrator will direct you to provide the appropriate documentation to show proof of the event.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month

period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. If you believe you are eligible for this extension, contact the Plan Administrator.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in

Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit

<https://www.medicare.gov/medicare-and-you>.

NOTE: <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit

www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

HelloFresh Employee Healthcare Plan
For additional information regarding your COBRA continuation coverage rights, please contact the Plan Administrator below:

Bernie Lipman, Director of Benefits

Summaries of Benefits and Coverage (SBCs)

Availability Notice

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at myhellofreshbenefits.com. A paper copy is also available, free of charge, by calling **1-877-431-7867** (a toll-free number).

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the HelloFresh group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within two months after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Bernie Lipman, Director of Benefits.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

- 1. ALABAMA – Medicaid**
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447
- 2. ALASKA – Medicaid**
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>
- 3. ARKANSAS – Medicaid**
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)
- 4. CALIFORNIA – Medicaid**
Health Insurance Premium Payment (HIPP) Program
Website: <https://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov
- 5. COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442
- 6. FLORIDA – Medicaid**
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268
- 7. GEORGIA – Medicaid**
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2
- 8. INDIANA – Medicaid**
Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584
- 9. IOWA – Medicaid and CHIP (Hawki)**
Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562
- 10. KANSAS – Medicaid**
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
- 11. KENTUCKY – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
- 12. LOUISIANA – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
- 13. MAINE – Medicaid**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711
- 14. MASSACHUSETTS – Medicaid and CHIP**
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com
- 15. MINNESOTA – Medicaid**
Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672
- 16. MISSOURI – Medicaid**
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005
- 17. MONTANA – Medicaid**
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HHSHIPPPROGRAM@mt.gov
- 18. NEBRASKA – Medicaid**
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
- 19. NEVADA – Medicaid**
Medicaid Website: <http://dhcnp.nv.gov>
Medicaid Phone: 1-800-992-0900
- 20. NEW HAMPSHIRE – Medicaid**
Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
- 21. NEW JERSEY – Medicaid and CHIP**
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)
- 22. NEW YORK – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831
- 23. NORTH CAROLINA – Medicaid**
Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100
- 24. NORTH DAKOTA – Medicaid**
Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825
- 25. OKLAHOMA – Medicaid and CHIP**
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742
- 26. OREGON – Medicaid**
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075
- 27. PENNSYLVANIA – Medicaid and CHIP**
Website: <https://www.pa.gov/en/services/dhs/apply-formedicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)
- 28. RHODE ISLAND – Medicaid and CHIP**
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
- 29. SOUTH CAROLINA – Medicaid**
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820
- 30. SOUTH DAKOTA – Medicaid**
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059
- 31. TEXAS – Medicaid**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493
- 32. UTAH – Medicaid and CHIP**
Utah's Premium Partnership for Health Insurance (UPP)
Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
HIPP Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>
- 33. VERMONT – Medicaid**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427
- 34. VIRGINIA – Medicaid and CHIP**
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924
- 35. WASHINGTON – Medicaid**
Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022
- 36. WEST VIRGINIA – Medicaid and CHIP**
Website: <https://dhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
- 37. WISCONSIN – Medicaid and CHIP**
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002
- 38. WYOMING – Medicaid**
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

