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Sovos Benefits for 2024: New Hire Guide

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sovos brands™



Welcome

Welcome to Sovos Brands. We at Sovos believe that providing a competitive total rewards package—including benefits that are comprehensive, flexible and affordable—is one key way to attract and retain the best employees.

This guide provides an overview of the many benefits available to you and your family, now and in the future. We ask that you read this benefit guide carefully, and keep it for future reference. It will help you select the best benefit options and make the most of your benefits each day.

Here are two important steps to enrolling in benefits:

- 1. Review available plans and costs for your benefit options.** You will find all the details, including the cost of each plan, in this guide so please read it carefully. For additional information, visit sovosbenefits.com.
- 2. Make your benefit elections using our online portal at <https://nw16.ultipro.com/Login>.** Follow the prompts when you log in for the first time. If you need assistance, email people@sovosbrands.com.

Complete your enrollment online within 30 days of hire. No changes or new enrollments will be allowed after 30 days until the next annual open enrollment period, unless you experience a qualified life event.

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Snapshot of benefits for 2024

BENEFIT	WHAT IS IT?	WHO SHOULD CONSIDER IT?
<i>Medical: You have up to 3 medical plans to choose from. Aetna is our medical provider. It's important to note that your provider network will depend on the plan in which you enroll and the state you live in.</i>		
Aetna PPO	A higher cost plan that provides you with flexibility to use both in- and out-of-network providers.	Employees who want flexibility of where they seek care and are likely to seek care more often.
Aetna High Deductible Health Plan (HDHP) + HSA	A lower cost plan with a high deductible that comes with a Health Savings Account (HSA).	Employees who do not seek care often but want a less expensive coverage for unexpected events.
Aetna EPO	Generally, the lowest cost plan, but only covers in-network providers; only emergencies are covered out-of-network.*	Employees who want a more affordable option and are willing to use only network providers for all services.
<i>Dental: You have 3 Aetna plans to choose from.</i>		
Dental PPO Premium	A higher cost plan that covers orthodontia.	Employees who want a higher annual maximum with orthodontia.
Dental PPO Standard	A lower cost plan with no coverage for orthodontia.	Employees who want a lower annual maximum without orthodontia.
Dental HMO	The lowest cost plan that requires you to use in-network providers.	Employees who would like dental coverage, and are willing to receive services from a limited network of providers.
<i>Vision: You have the option of signing up for the Vision plan.</i>		
Vision Plan	A plan that gives you flexibility to seek vision services in- and out-of-network.	Employees who would like vision coverage for themselves and their families.
<i>Flexible Spending Accounts (FSAs): You have 2 types of FSAs.</i>		
Health Care FSA	An account that gives an opportunity to set aside funds for 2024 medical, dental, and vision expenses and save on your taxes.	Any employee not enrolled in the Aetna HDHP + HSA or in a spouse's High Deductible Health Plan.
Limited Purpose Health Care FSA	An account that gives an opportunity to set aside funds for 2024 expenses for dental, vision, and post-deductible medical expenses.	Any employee enrolled in the Aetna HDHP + HSA or in a spouse's High Deductible Health Plan.

* If you live in AK, ID, MT, ND, SD, WI, or WY, you will also have minimal out-of-network coverage. Check the plan summary posted on www.SovosBenefits.com for details.

BENEFIT	WHAT IS IT?	WHO SHOULD CONSIDER IT?
<i>Commuter Benefits</i>		
Commuter Benefits	Commuter benefits is a tax-advantaged spending account for public transit or parking as part of your daily commute to work. Funds roll over from month to month.	Employees who take public transportation (including subways, buses, ferries, commuter rail, and vanpools) or park in a qualified commuter parking lot.
<i>Life, Accident, and Disability</i>		
Life and Accidental Death and Dismemberment	Coverage for basic life insurance and accidental death and dismemberment insurance.	Sovos automatically provides you with this benefit at no cost to you.
Business Travel and Accident	Coverage for business travel accidents.	Sovos automatically provides you with this benefit at no cost up to 5X your pay.
Supplemental Life and AD&D Insurance	Additional life and accidental death and dismemberment insurance.	Employees and family members who would like to buy additional life and AD&D coverage.
Short-Term Disability	You can get salary continuation for up to 3 months of approved disability. Percentage of salary continuation differs for salaried and hourly employees.	Sovos automatically provides you with this benefit at no cost.
Long-Term Disability	If you have a disability for greater than 3 months, you can get 60% of pay for your approved disability.	Sovos automatically provides you with this benefit at no cost.
<i>Voluntary Health Benefits: You have the choice of a 'low' or 'high' plan.</i>		
Critical Illness	This insurance can provide payment(s) upon diagnosis that can be used however you choose; this includes expenses related to treatment as well as day-to-day bills.	If you are diagnosed with a critical illness such as cancer, major organ transplant, or Parkinson's. A full list can be found here .
Accident	With accident insurance, you'll receive payment(s) if you are injured in an accident. Can be used for both medical out-of-pocket costs and non-medical expenses.	If you are injured in an accident it can cover costs like ambulance ride, emergency room visit, chiropractic care / PT, and many others .
Hospital Indemnity	This coverage pays you if you are hospitalized for a covered illness or injury.	If you are admitted to the hospital for one night or even ICU care. More information can be found here .
<i>Retirement Savings</i>		
401(k)	You have the option to contribute to a 401(k). Sovos will match contributions you make to the 401(k) up to a maximum of 4%.	All employees who are saving and planning for their retirement have the option to contribute to their 401(k).

Caring for your health and the health of your family

Eligibility

If you are an active, full-time employee working 30+ hours per week, you are eligible to make elections during open enrollment for coverage starting on January 1st.

Dependents: You may enroll your dependents in medical, dental, vision, voluntary life insurance, and voluntary health benefits (Accident, Critical Illness and Hospital Indemnity benefit plans). Your eligible dependents include:

- Your spouse or domestic partner
- Your natural children, step children, adopted children, or children of domestic partner, who are:
 - Under age 26—for medical, dental, vision, and voluntary health plans, benefits will continue until the last day of the calendar month of reaching age 26; for life, benefits will end on the 26th birthday
 - Dependents of any age and primarily supported by you, and incapable of self-sustaining employment by reason of mental or physical handicap

Domestic Partner: A domestic partner is defined as a person of the same or opposite sex who meets each of the following requirements:

- Shares the same permanent residence
- Has resided with you full-time for at least one year
- Has signed a notarized affidavit declaring domestic partner status
- Is registered as your domestic partner in states that provide for registration

Common law spouses: Are covered as spouses. Common law marriage is a legally recognized marriage between two people who have not purchased a marriage license or had a marriage ceremony. Several states recognize common law marriages.

Plan participants are required to provide proper documentation to verify dependents' eligibility when requested.

Enrollment process

Eligible employees can enroll for benefits during two occasions: when newly hired as an employee of the company and during the annual open enrollment. Below are descriptions of each of these periods of enrollment.

New Hire	Open Enrollment
As a new hire, you can choose benefit plans as part of your on-boarding activities within 30 days of hire. Once you have chosen your plans, the benefits will be in place for the remainder of the calendar year.	Once a year, Sovos will offer an open enrollment period during which you will be able to change your benefit elections for the following calendar year.

Making changes during the year

In addition to any changes made during the open enrollment period, certain qualifying life events or status changes may allow you to change your benefit elections during the plan year. You must request the election changes within 30 days of the qualifying life event.

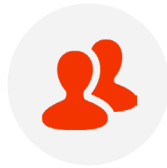
The following qualified life events allow you to make a new election in one or more of your benefit plans. If you do not request your changes within the 30 day period, you will have to wait for the next open enrollment period to elect different benefits.

- Change in marital status including marriage, divorce, death of a spouse, legal separation or annulment, or domestic partner status change
- Change in number of dependents including birth, adoption and placement for adoption, or death of dependent
- Change in employment status of yourself, your spouse or dependent that causes the individual to become newly eligible, or lose eligibility

- Change in dependent eligibility status including events that cause the dependent to become newly eligible or lose eligibility, such as attainment of age, student status, or similar circumstances
- Change in residence of the employee, spouse or dependent (must be greater than 50 miles)
- Change in coverage under other group or government health plans that the employee, spouse or dependent had at the time of open enrollment or new hire election period, such as loss of employer contribution for the other group coverage; exhaustion of the COBRA maximum coverage period; or loss of eligibility for Medicaid or CHIP (Children’s Health Insurance Program) insurance. The notification period for loss of Medicaid or CHIP coverage is 60 days.

In order for you to make a mid-year election change, a qualified life event must affect you, your spouse or your dependent’s eligibility for benefits under the plan. For example, if a dependent ceases to be eligible for health insurance coverage due to turning 26, you may drop their coverage, but not the coverage of other family members.

What are my resources?



Benefits website

To learn more about Sovos benefit offerings, visit SovosBenefits.com.



Enrollment hotline

You can call the Aetna Concierge hotline at **1-833-359-0121**. The team can help answer specific questions about how the plans work or the providers available in each health plan option. The hotline can also provide support in languages other than English. For questions about life and disability, call The Hartford Member Services at **1-888-277-4767**. For voluntary benefits, call **1-866-547-4205**.



Benefits web platform

Ultimate Kronos Group is our benefits administrator. Log on to UKG Benefits Administration site at <https://nw16.ultipro.com/Login>. Remember to bookmark the UKG page so you can refer to your benefit plans at any time.

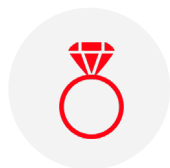


Contact

If you need assistance enrolling on the UKG Benefits Administration site, or have questions about your benefit options, you can email people@sovosbrands.com.

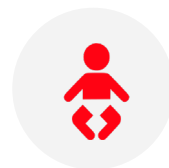
How to use your benefits

Here are some examples of how you can get the most from your benefits:



Getting married

- Enroll your spouse (or registered domestic partner) and eligible dependent stepchildren in your current medical, dental, and vision plans within 30 days of your partnership.
- You may purchase supplemental life insurance for you and your spouse / domestic partner.
- You may change your life insurance beneficiary designations on the [UKG Benefits Administration site](#).



Having a baby or adopting a child

- Enroll your baby or adopted child in your current medical, dental, and vision plans within 30 days of birth or adoption.
- You may purchase supplemental life insurance for your child.
- Expecting mothers can get support throughout their entire pregnancy through the Aetna Enhanced Maternity Program. Get started by:
 - Texting BABY to 66902
 - Enrolling on the [Aetna member website](#)
 - Calling 1-800-272-3531 (TTY: 711) weekdays from 8 AM to 7 PM ET
- Find more information on pregnancy support through Aetna [here](#).



Have an annual check-up / doctor's visit coming up?

- Refer to online resources provided by your insurance carrier to help you plan for a doctor's visit. [Click here](#) for contact information.
- Review the information in your benefit summaries to understand the coverage your chosen plans provide. Be sure to review any network provider requirements (including labs and other providers) and know the cost implications of going in- or out-of-network.
- Write down a list of questions you have for your doctor to make the most of your visit.
- Bring your coverage ID card to the doctor to avoid paying for services until they can be processed through your insurance.



Considering visiting a non-traditional provider?

- Review the information in your benefit summaries to understand the coverage your chosen plan provides for any non-traditional services or providers.
- Be sure to note any limits to number of visits that may apply.



What to do before filling a prescription?

- Review the information in your benefits summaries to understand the coverage your chosen plan provides. Be sure to review any requirements regarding formulary or generic drugs.
- Ask your doctor to take into consideration ways to help you save on prescription medication.



Leaving / terminating employment

- Your health insurance coverage (medical, dental, vision, and voluntary health benefits) will end on the last day of the month in which you terminate your employment.
- Your life and disability insurance coverage will end on the last day of your employment.
- You can elect to continue your health insurance (medical, dental, or vision) through COBRA. You will receive information regarding enrollment steps and rates to help you with this decision after leaving the company.



Use your 401(k) plan to save for the future

Charles Schwab is Sovos' 401(k) provider. You are eligible to join the Sovos 401(k) Plan after you have completed 3 months of service. On the Charles Schwab site, you can:

- Enroll or make changes to your contributions or investments.
- Review the Schwab investment options to make sure they line up with your long-term financial planning needs.
- Review loan information.

Log in to the Schwab website at www.workplace.schwab.com to review your account.

Overview of 2024 benefits

Medical insurance

Aetna is our medical carrier. It's important to note that depending on the plan in which you enroll and the state you live in, you may be in the OAMC POS Network, OC PPO Network, or the OA EPO Network. Learn how to find a provider in your network by following the instructions on [page 14](#). Regardless of the plan you choose, in-network preventive care is always provided at 100% without deductible.

- **Aetna PPO Plan**—This plan is a PPO plan that covers services provided by both in-network and out-of-network providers nationwide. The plan provides higher benefits if you utilize in-network providers. Office visits and prescription drugs require a copay. For other services, this plan has a deductible of \$750 per person and \$1,500 per family for in-network providers.
- **Aetna HDHP + HSA**—This plan is a High Deductible Health Plan with a Health Savings Account (HSA). It covers services provided by both in-network and out-of-network providers nationwide (at a higher out-of-pocket cost), and allows you to save money through the HSA. This plan has a deductible of \$3,200 per person and \$6,000 per family before any benefits are paid (except in-network preventive care which is always covered at 100% without deductible). It comes with a Health Savings Account (HSA) to help you cover the deductible and costs not paid by the plan. Sovos will contribute to your HSA each pay period (annual rate of \$750 for individuals and \$1,500 for those covering dependents in 2024) and you'll have the opportunity to make your own additional pre-tax contributions.
- **Aetna EPO Plan**—This is an Exclusive Provider Organization (EPO) plan. As a member of an EPO, you can use the doctors and hospitals in the EPO network, but cannot go outside the network for care.* There are no out-of-network benefits other than emergency services. Office visits and prescription drugs require a copay. For other services, the plan has a deductible of \$3,000 per person and \$6,000 per family.

Your costs for benefits will be deducted from each paycheck on a bi-weekly basis for a total of 26 payments.

Medical — Employee contributions per bi-weekly paycheck

	Aetna PPO	Aetna HDHP + HSA	Aetna EPO <i>In-Network Only*</i>
Employee Only	\$86.56	\$46.85	\$48.86
Employee+Spouse / Domestic Partner	\$219.53	\$165.51	\$155.09
Employee+Child(ren)	\$175.31	\$139.40	\$123.36
Employee+Family	\$290.15	\$201.17	\$195.10

* If you live in AK, ID, MT, ND, SD, WI, or WY, you will also have minimal out-of-network coverage. Check the plan summary posted on www.SovosBenefits.com for details.

Medical — Plans at-a-glance

Plan Name	Aetna PPO		Aetna HDHP + HSA		Aetna EPO
	In-network	Out-of-network	In-network	Out-of-network	In-network ¹
Employer HSA Contribution (Individual / Family)	n/a	n/a	\$750 / \$1,500 per year (prorated 26 paychecks per year)		n/a
Calendar Year Deductible (Individual / Family)	\$750 / \$1,500	\$2,000 / \$4,000	\$3,200 / \$6,000	\$3,200 / \$6,000	\$3,000 / \$6,000
Annual Out-of-Pocket Max (Individual / Family)	\$4,000 / \$8,000	\$8,000 / \$16,000	\$6,000 / \$12,000	\$9,000 / \$18,000	\$6,000 / \$12,000
Preventive Care, Routine Pre-Natal Office Visits Breast Feeding Equipment	No charge	40% after deductible	No charge	40% after deductible	No charge
Office Visit (Primary Care / Specialist)	<u>Copay</u>	<u>After deductible</u>	<u>After deductible</u>	<u>After deductible</u>	<u>Copay</u>
Physician	\$25 / \$50	40%	20%	40%	\$25 / \$50
Telehealth	\$25 / \$50	40%	20%	40%	\$25 / \$50
CVS MinuteClinic & HealthHUB	\$0/\$0	Not applicable	0%	Not applicable	\$0/\$0
Acupuncturist	\$25 / \$50	40%	20%	40%	\$25 / \$50
Chiropractor	\$25 / \$50	40%	20%	40%	\$25 / \$50
Routine X-ray & Lab	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Hospital Stay	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Emergency Care	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Urgent Care	\$75 Copay	40% after deductible	20% after deductible	40% after deductible	\$75 Copay
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Retail Prescriptions (30-day retail² / 90-day home delivery)	<u>Copays before deductible:</u>		<u>Copays after deductible:</u>		<u>Copays</u>
Preferred Generic and Tier 1 Brand	\$15 (max) / \$37.50 (max)	Covered at 40% (no mail order coverage)	\$15 (max) / \$37.50 (max)	Covered at 40% (no mail order coverage)	\$15 (max) / \$37.50 (max)
Preferred, Tier 2 Brand ³	\$50 / \$125		\$50 / \$125		\$50 / \$125
Non-Preferred Generic or Brand ³	\$90 / \$225		\$90 / \$225		\$90 / \$225
Specialty (30-day home delivery)	30% up to \$250		30% up to \$250		30% up to \$250

¹ If you live in AK, ID, MT, ND, SD, WI, or WY, you will also have minimal out-of-network coverage. Check the plan summary posted on www.SovosBenefits.com for details.

² After two retail fills, you'll need to fill 90-day supplies with CVS Caremark Mail Service Pharmacy™ or at CVS Pharmacy stores. If you want to continue 30-day fills at another network retail pharmacy, you must notify Aetna of that preference by calling the number on your Aetna medical ID card. Otherwise, you will be responsible for meeting a greater cost-sharing (i.e. penalty).

³ If you choose a brand name drug when the choice of a generic is available, you pay the brand name copay + the price difference penalty between the generic and brand name drug. This penalty does not apply if your doctor says you should not use the generic drug. The price difference does not count toward your plan deductible or out-of-pocket max.

Prescription drug coverage

Prescription drug coverage is included with your medical plan coverage through Aetna. The amount you pay for a prescription depends on the plan in which you enroll, along with the type of drug and where you buy it. Learn more about prescription drug coverage through Aetna.

In general, you save when you use:

- **Generics**
- **In-network retail pharmacy**
- **Mail service for maintenance medications**

Retail drugs

30-day supply

After two retail prescription drug refills, you'll need to fill 90-day supplies with CVS Caremark Mail Service Pharmacy™ or at CVS Pharmacy stores. If you want to continue 30-day fills at another network retail pharmacy, you must notify Aetna of that preference by calling the number on your Aetna medical ID card. Otherwise, you will be responsible for meeting a greater cost-sharing (i.e. penalty).

Mail order drugs

90-day supply

Mail order is recommended for maintenance medications. Plus, your prescription can be mailed directly to your home.

Precertification for Aetna medications

You can find out if your medication requires precertification through the pharmacy search tool link: [Aetna Pharmacy Search Tool](#). You can also call Aetna's Concierge Service Team at **1-833-359-0121** to talk to a representative.

Aetna's formulary drugs

Every health plan has their own list of preferred medications on its unique formulary drug list (e.g., generic, preferred brand, non-preferred brand, specialty). If you have questions about a specific drug and/or options, refer to [Aetna's Formulary Drug List](#) or call Aetna's Concierge Service Team at **1-833-359-0121**.

Health Savings Accounts (HSA)

An HSA is an account you can contribute to with pre-tax money deducted from your paycheck. This money is used for eligible health care expenses, such as: deductibles, copays, prescriptions, dental and vision care, etc.

- The Sovos contribution and any other contribution you elect will be automatically be deposited into your account each pay period
- Use your funds for current & future eligible health expenses by you, your spouse, or child (to age 26 or permanently and totally disabled and claimed as a tax dependent)
- You can change your HSA contribution amount at any time during the year through PayFlex
- Unused funds roll over from year to year
- Enjoy investment options
- Your HSA stays with you if you switch employers, change insurance plans, or retire

The 2024 HSA annual contribution limits and eligibility rules are:

Category	Employee Only	Employee and Spouse, Employee and Children, or Employee and Family
Sovos Contribution	\$750	\$1,500
Employee Contribution	Up to \$3,400	Up to \$6,800
Maximum Total Contribution	\$4,150	\$8,300
Additional Catch-up Employee Contribution if age 55 or older	\$1,000	\$1,000
Eligibility to Contribute to an HSA	<ul style="list-style-type: none"> • Must be enrolled in the Aetna HDHP + HSA Plan • Cannot be enrolled in any other medical plan that is not a High Deductible Health Plan (special IRS definition) • Cannot be enrolled in (or receive reimbursement from) a Health Care FSA (Limited Purpose FSA is okay) • Cannot have received health care from Indian Health Service (HIS) or the U.S. Department of Veterans Affairs (VA) in the prior 3 months (dental, vision and preventive services ok) • Cannot be claimed as a tax dependent on anyone's income tax filing • Cannot be covered by Medicare or TRICARE 	

If you enroll in the Aetna HDHP + HSA, Aetna will automatically set up your HSA with PayFlex. You will be mailed a welcome kit and debit card. Be aware that it may take time for your HSA balance to grow, so you may need to pay out-of-pocket at first. Then, when you have the funds, you can reimburse yourself.

In-Network doctors

Your Aetna network depends on the state in which you reside and the plan you enroll in.

What's my network & how do I find an Aetna provider?		
<ol style="list-style-type: none"> 1. Go to www.aetna.com/docfind 2. The first time you log in, you'll select "continue as guest," then enter your zip code, and click Search 		
<p><i>For employees not in AK, ID, MT, ND, SD, WI, or WY</i></p> <p>Enrolling in the Aetna PPO or in the Aetna HDHP + HSA Plan</p> <ol style="list-style-type: none"> 3. Scroll to the Aetna Open Access Plans section 4. Then select Managed Choice® POS (Open Access) 	<p><i>For employees not in AK, ID, MT, ND, SD, WI, or WY</i></p> <p>Enrolling in the Aetna EPO Plan</p> <ol style="list-style-type: none"> 3. Scroll to the Aetna Open Access Plans section 4. Then select Elect Choice® EPO (Open Access) 	<p><i>For employees in AK, ID, MT, ND, SD, WI, or WY</i></p> <p>Enrolling in any Aetna medical plan (Aetna PPO, Aetna HDHP + HSA, or Aetna EPO Plan)</p> <ol style="list-style-type: none"> 3. Scroll to the Aetna Open Access Plans section 4. Then select Open Choice® PPO
<ol style="list-style-type: none"> 5. Click Medical Doctors & Specialists 6. Then, you can search for a primary care physician or specialist 7. Your provider listing will include specific providers currently accepting your Aetna Health Plan 8. You must call and check with the provider before scheduling your appointment or receiving services to confirm if he/she is still participating in Aetna's network 		

Did you know...

A copay is a fixed fee for office visits, prescription drugs, or other medical services. The health insurance copay lets you know ahead of time how much you will owe. If you have a copay of \$25 for a doctor's visit, you pay that amount each time you see the doctor.

Coinsurance is the percentage of the total cost that you may pay for a covered medical service. If the covered charge for your doctor's visit is \$100, and you have a coinsurance of 20%, you may be required to pay \$20 for the visit.

An annual deductible is a set dollar amount that you may be required to pay toward covered medical care that don't require a copay before your claims are paid by the insurance company within a single year. For example, if you have a \$3,200 annual deductible, you need to pay that amount out of your own pocket toward covered medical care before the health insurance company will begin paying your claims.

Out-of-pocket maximum is the most you can be required to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of all remaining covered benefits during the remainder of the year.

Resources for Aetna members

For Aetna medical plan members, visit www.Aetna.com to learn more.

Free 24-Hour Nurse Line

Questions about upcoming medical visits and choices? Talk to a registered nurse for information about tests, procedures and treatment options, 24/7. Call **1-800-565-1555 (TTY: 711)**.

Teladoc

Teladoc offers 24/7 access to board-certified doctors. They can treat many non-emergency medical issues by phone or video and can even prescribe medications. This may help you avoid urgent care and emergency room visits. Teladoc also offers specialized mental health care and dermatology consults. You can speak to a doctor “on demand.” Or schedule a time that’s more convenient for you, call **1-855-835-2362** or visit www.Teladoc.com/Aetna.

	Aetna PPO and Aetna EPO	Aetna HDHP + HSA
General medical services	\$25	\$56 or less / visit
Mental Health Care		
• Therapist visit	\$50	\$90 or less
• Psychiatrist first visit	\$50	\$215 or less
• Psychiatrist ongoing visit	\$50	\$100 or less
Dermatology <i>(Upload images of a skin issue online and get a custom treatment plan within two days)</i>	\$50	\$85 or less / consult

Attain—The Attain by Aetna app combines your health history with your wearable device activity. When you reach your goal or take certain actions, you’ll earn points that can be redeemed for rewards like gift cards from popular retailers—a value of up to \$300.

ATTAINAPP to **37064** to download.

AbleTo—Outpatient evidence-based treatment model for behavioral health conditions, comorbid chronic conditions, moderate behavioral health conditions, or members struggling with life events.

Walk-In Clinics

Aetna’s network of walk-in clinics and pharmacies include CVS MinuteClinic, Rite Aid, Target, Walgreens, and Walmart.

For members enrolled in the **Aetna PPO** or **Aetna EPO** there is **no charge** when you visit these clinics (excluding any prescription drug costs). If enrolled in the **Aetna HDHP + HSA**, you pay the full cost of the visit until the deductible is met. These clinics often charge less than a regular doctor visit.

MinuteClinic & HealthHUB—[CVS HealthHUB](#) offers health care services in select CVS Pharmacy locations and online through Virtual Care.* [View](#) a list of services. Care includes:

- COVID-19 vaccines and testing, [immunizations](#) (flu shots, MMR, and HPV), screenings (cholesterol and diabetes), physicals (including [DOT physicals](#))
- Minor illness and injuries (strep, flu-like symptoms, sprains, bug bites, and joint pain)
- Pre-travel health: [Pre-travel consultations](#)

* Please note that MinuteClinics and HealthHUB are not yet available in Colorado. Aetna is actively working to add these services in Colorado.

Resources for Aetna members—Family Planning

For Aetna medical plan members

Infertility coverage

In addition to providing coverage for the diagnosis and treatment of the underlying medical condition causing infertility, all Aetna medical plans provide coverage for artificial insemination, ovulation induction, and assisted reproduction technologies such as IVF, ZIFT, GIFT and ICSI.

You must have an infertility diagnosis and there are limitations to the number of covered cycles per lifetime. Your cost share is based on the type of service and where it is performed. Infertility is defined as the failure to become pregnant.

- For a female with a male partner, after:
 - 1 year of frequent, unprotected heterosexual sexual intercourse if under the age of 35
 - 6 months of frequent, unprotected heterosexual sexual intercourse if age 35 or older
- For a female without a male partner, after:
 - At least 12 cycles of donor insemination if under the age of 35
 - 6 cycles of donor insemination if age 35 or older
- For a male without a female partner, after:
 - At least 2 abnormal semen analyses obtained at least 2 weeks apart
 - For an individual or their partner who has been clinically diagnosed with gender identity disorder

Additional details are available in the Plan Summary/Booklet on [sovosbenefits.com](https://www.sovosbenefits.com). You can also contact Aetna at **1-833-359-0121** to talk to a representative about your specific situation.

Are you expecting?

Expecting mothers can get support throughout their entire pregnancy through the Aetna Enhanced Maternity Program. Get started by:

- Texting BABY to 66902
- Enrolling on the [Aetna member website](#)
- Calling 1-800-272-3531 (TTY: 711) weekdays from 8 AM to 7 PM ET

Find more information on pregnancy support through Aetna [here](#).

Dental insurance

Your dental provider is Aetna. You have 3 choices for dental coverage:

- **Dental PPO Premium:** Covers orthodontia and has a \$2,000 annual maximum.
- **Dental PPO Standard:** No coverage for orthodontia and \$1,500 annual maximum.
- **Dental HMO:** The lowest cost plan with coverage only for care provided by dentists in the Aetna DMO network. This plan is available in CA, CO, FL, GA, IL, IN, KS, MI, NC, NH, NJ, NY, PA, RI, TX, UT, and WI.

Find a Dentist

You can locate a doctor or facility through [Aetna's DocFind Online Directory](#). Enter your zip code, then scroll to select your plan.

If you enroll in the Premium or Standard plan, you are in the **Dental PPO/PDN with PPO II and Extend** network. If enrolled in the Dental HMO, you are in the **DMO/DNO** network.

Dental — Employee contributions per bi-weekly paycheck

Category	Premium Dental	Standard Dental	Dental HMO
Employee Only	\$11.58	\$9.51	\$3.79
Employee+Spouse / Domestic Partner	\$23.17	\$19.02	\$7.58
Employee+Child(ren)	\$26.64	\$21.88	\$8.72
Employee+Family	\$38.23	\$31.39	\$12.50

Dental — Plans at-a-glance

Plan name	Premium Dental PPO	Standard Dental PPO	Dental HMO
	<i>In-and Out-of-network</i>	<i>In-and Out-of-network</i>	<i>In-network Only</i>
Calendar Year Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150	n/a
Calendar Year Plan Maximum	\$2,000	\$1,500	n/a
Oral Exams and Cleanings (once every 6 months)	<u>Deductible waived</u> Plan pays 100%	<u>Deductible waived</u> Plan pays 100%	\$5 copay
Other Diagnostic & Preventive	Plan pays 100%	Plan pays 100%	\$5 copay
Fillings	<u>After Deductible</u> Plan pays 80%	<u>After Deductible</u> Plan pays 80%	Copays up to \$106
Tooth Extractions	Plan pays 80%	Plan pays 80%	Copays up to \$85
Root Canal	Plan pays 80%	Plan pays 80%	Copays up to \$266
Bridges	Plan pays 50%	Plan pays 50%	Copays up to \$440
Crowns	Plan pays 50%	Plan pays 50%	Copays up to \$207
Inlays / Onlays	Plan pays 50%	Plan pays 50%	Copays up to \$232
Dentures	Plan pays 50%	Plan pays 50%	Copays up to \$273
Implants	Plan pays 50%	Plan pays 50%	Copays up to \$1,215
Orthodontics (Child to age 20)	<u>Deductible waived</u> Plan pays 50% up to \$2,000 max per lifetime	Not covered	Copays up to \$1,500

Vision insurance

You have vision insurance available for you and your family through Aetna. The in-network benefits include a vision exam for a \$10 copay and a \$130 credit to purchase glasses or contacts.

Vision — Employee contributions per bi-weekly paycheck

Category	Cost
Employee Only	\$2.64
Employee+Spouse / Domestic Partner	\$5.03
Employee+Child(ren)	\$5.29
Employee+Family	\$7.77

Vision — Plan at-a-glance

Category	In-network	Out-of-network
Exam (once / calendar year)	\$10 Copay	Covered 100% up to \$45
Materials (once / calendar year)	\$25 Copay	n/a
Eyeglass Lenses (once / calendar year)		
Single	Covered 100% after Copay	Covered 100% up to \$10
Lined Bifocal	Covered 100% after Copay	Covered 100% up to \$25
Lined Trifocal	Covered 100% after Copay	Covered 100% up to \$55
Lenticular	Covered 100% after Copay	Covered 100% up to \$55
Contact Lenses (one purchase /calendar year, in lieu of other lenses and frames)		
Elective Conventional	Covered 100% up to \$130	Covered 100% up to \$90
Elective Disposable	Covered 100% up to \$130	Covered 100% up to \$104
Therapeutic	Covered 100%	Covered 100% up to \$210
Frames (one purchase / 2 calendar years)	Covered 100% up to \$130	Covered 100% up to \$65

Flexible Spending Accounts (FSAs)

Sovos offers 2 types of Flexible Spending Accounts (FSAs) to provide you with the opportunity to set aside funds for 2024 health care expenses and save on your taxes.

You can elect to contribute to these accounts as a new hire or during open enrollment, and any amounts you elect will be deducted from your bi-weekly paychecks on a pre-tax basis. Be careful with your elections since these plans have a “use-it-or-lose it” rule with a limited carryover of \$500 allowed.

Category	Health Care FSA	Limited Purpose Health Care FSA
Who can participate	Any employee not enrolled in the Aetna HDHP + HSA plan	Any employee enrolled in the Aetna HDHP + HSA plan
Maximum you can contribute in 2024	\$3,050	\$3,050
You can use the money for	Medical, dental, and vision expenses	Dental, vision, and post-deductible medical expenses
What happens with unused funds at the end of 2024	\$500 carried over; remainder forfeited	\$500 carried over; remainder forfeited

Commuter benefits

Commuter benefits are a pre-tax way to pay for eligible parking & transit expenses (while you are employed) before taxes. Your money is deducted from each paycheck pre-tax.

Category	Parking & Transit Commuter Benefits	
Who can participate	All employees are eligible to participate. You can carry over funds from month to month as long as you are employed with Sovos.	
Maximum you can contribute	The maximum for parking or transit passes and van pooling is \$300/month.	
You can use the money for*	Parking expenses are: <ul style="list-style-type: none"> • Parking provided to an employee at or near the business premises of the employer • Parking provided to an employee at or near a location from which the employee commutes to work by mass transit, by van-pooling, in a commuter highway vehicle, by carpool, or by any other means 	Transit expenses are: <ul style="list-style-type: none"> • Transit passes • Van-pooling (transportation between the employee’s residence and the place of employment, but only if it is done in a ‘commuter highway vehicle’)
Can you change your contributions?	You can adjust your contribution amount at any time via UKG at https://nw16.ultipro.com/Login .	
What happens with unused funds	If you leave Sovos, you have 180 days to claim the funds, or they will be forfeited.	

* Only eligible expenses can be reimbursed. After incurring expenses, you have 180 days to make a claim. Parking and transit expenses are defined by IRS rules. Expenses should be substantiated by receipts. However, if a receipt is not provided in the ordinary course of business and the employee certifies the type and amount of expense, no receipt is required.

Disability insurance

Sovos offers both short-term and long-term disability benefits to all full-time employees at no cost to you.

The Sovos **short-term disability** plan provides income protection for up to 3 months for an approved disability. Salaried employees receive continuation of their full base pay and hourly employees are eligible for 66.67% at regular hourly wages. After 3 months, the **long-term disability** plan can continue at 60% of your pay* for all employees until normal retirement age, for approved disabilities.

Sovos pays 100% of your long-term disability premium; however, taxes on that premium will be withheld on your paycheck. The advantage to this is, if you go out on long-term disability, the benefits you receive will not be taxable income to you.

Eligible employees are automatically enrolled in both short- and long-term disability.

Life insurance

Sovos provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance through The Hartford insurance company for all full-time employees. Sovos pays for coverage at 2X your pay* with a minimum coverage level of \$50,000.

You are automatically enrolled in this coverage and there is no cost to you. You have the option to purchase additional Life and AD&D insurance for yourself up to 5X your pay* with a \$500,000 maximum. You can also purchase coverage for your spouse up to \$250,000 and \$10,000 per child.

If you would like to increase your additional coverage or purchase for the first time, you will need to complete an evidence of insurability (EOI) form and receive approval by The Hartford.

If you have any questions, contact The Hartford at **1-888-563-1124**.

Business travel accident

If you are in an accident while traveling on the job working for Sovos, you are covered for up to 5X your pay*. You are automatically enrolled in this coverage and there is no cost to you.

***Your pay = your base pay + your bonus target.**

This definition of pay applies to life insurance, long-term disability and business travel accident insurance.

Your additional life and AD&D coverage options

You have the option to purchase additional Life and AD&D insurance for yourself, your spouse and your child(ren).

- **For yourself**—You can elect coverage in \$10,000 increments up to 5X pay with a maximum of \$500,000.
- **For your spouse**—You can elect up to 50% of your covered amount in increments of \$5,000 to a maximum of \$250,000.
- **For your children**—You can elect coverage at the \$10,000 level per child; coverage is limited to \$500 for children younger than 6 months. The cost of this coverage is \$0.92 per pay period.
- Elections after initial eligibility are subject to health status review and approval by The Hartford.

If you enroll during your new hire election period, there is no health questionnaire or medical exam required for coverage up to the Guaranteed Issue (GI) amounts of \$200,000 for yourself or \$50,000 for your spouse. If you want coverage above the GIs, or want to enroll later after your new hire election period, you will need to complete an evidence of insurability (EOI) form and receive approval by The Hartford.

If you have any questions, contact The Hartford at **1-800-549-6514**.

Additional life and AD&D coverage — employee costs per bi-weekly paycheck (sample amounts shown)

Costs based on age (spouse costs based on employee's age)	\$10,000	\$30,000	\$100,000	\$200,000
Under 25	\$0.42	\$1.25	\$4.18	\$8.35
25-29	\$0.42	\$1.25	\$4.18	\$8.35
30-34	\$0.51	\$1.52	\$5.06	\$10.13
35-39	\$0.59	\$1.78	\$5.94	\$11.89
40-44	\$0.90	\$2.71	\$9.03	\$18.06
45-49	\$1.43	\$4.30	\$14.33	\$28.66
50-54	\$2.71	\$8.14	\$27.13	\$54.27
55-59	\$4.35	\$13.04	\$43.47	\$86.94
60-64	\$5.32	\$15.95	\$53.18	\$106.37
65-69	\$9.11	\$27.34	\$91.15	\$182.30
70-74	\$21.39	\$64.16	\$213.88	\$427.75
75+	\$52.33	\$157.00	\$523.35	\$1,046.70

As a new hire, you should review plan choices and make an election for your 2024 benefits within 30 days of hire.

You will not have an opportunity to make changes until next open enrollment unless you have a qualifying status change. You will be automatically enrolled in life insurance, accidental death and dismemberment, short-term disability, long-term disability, and business travel accident plans.



Voluntary health benefits

Voluntary health benefits are designed to supplement your regular medical coverage. They provide a cash payment to you in case of certain events. You can use this cash payment to cover your deductible or copayments in the medical plan or to help with any day-to-day expenses. You have the option to enroll in a 'low' or 'high' plan for each option. Keep in mind that the coverage is the same in each plan; however, the pay out for each service may vary depending on the level of coverage you select.

View rates on [page 25](#).

Critical Illness

Critical illness insurance provides you and your family with financial protection if you, your spouse or child are diagnosed with a covered critical illness. The benefit is payable if you or a family member are diagnosed with one of the covered illnesses. You can use the payment for out-of-pocket medical costs, like deductibles, coinsurance or copays as well as day-to-day costs of living, such as your mortgage or utility bills.

COVERAGE AMOUNTS	
Employee Coverage Amount	\$5,000 or \$10,000
Spouse Coverage Amount	50% of your coverage amount
Child(ren) Coverage Amount	25% of your coverage amount
SAMPLE COVERED ILLNESSES	
HSA Compatible	Yes
Cancer Conditions <ul style="list-style-type: none"> Benign Brain Tumor; Invasive Cancer 	<ul style="list-style-type: none"> 100% of coverage amount
Other Specified Conditions <ul style="list-style-type: none"> Coma; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Transplant; Paralysis Bone Marrow Transplant Aneurysm; Angioplasty / Stent; Coronary Artery Bypass Graft Other Dread Diseases (see below*) 	<ul style="list-style-type: none"> 100% of coverage amount 25% of coverage amount 25% of coverage amount 25% of coverage amount
Neurological Conditions <ul style="list-style-type: none"> Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's); Advanced Alzheimer's Disease 	<ul style="list-style-type: none"> 100% of coverage amount 100% of coverage amount
* Dread Diseases (sample list) <ul style="list-style-type: none"> Addison's disease Covid-19 Huntington's chorea Legionnaire's disease Malaria Rabies Systemic lupus erythematosus Tuberculosis 	25% of coverage amount, if there was a 5 days or longer hospitalization resulting from the illness
Child Conditions <ul style="list-style-type: none"> Cerebral Palsy; Congenital Heart Disease; Cystic Fibrosis; Muscular Dystrophy; Spina Bifida 	<ul style="list-style-type: none"> 100% of coverage amount
Additional Benefits <ul style="list-style-type: none"> Recurrence—Pays a benefit for a subsequent diagnosis of conditions Health Screening Benefit 	<ul style="list-style-type: none"> 100% of coverage amount \$50 once per year per covered person
Features <ul style="list-style-type: none"> Coverage Maximum—Primary Insured & Spouse Coverage Maximum—Child(ren) 	<ul style="list-style-type: none"> 500% of coverage amount 300% of coverage amount

Accident

You have the choice of two accident plans, which allow you the flexibility to enroll for the coverage that best meets your needs. Accident insurance provides you financial peace of mind when the unexpected happens. The plan pays you directly based on covered expenses resulting from a covered accident as well as accidental death and dismemberment. You can use the payments any way you choose.

PLAN INFORMATION		BENEFIT	
Coverage Type		Low	High
		<i>On and off-job (24 hour)</i>	
Sample list of covered Emergency, Hospital & Treatment Care			
HSA Compatible		Yes	Yes
Accident follow-up	Up to 3 visits per accident	\$75	\$100
Acupuncture / Chiropractic Care / PT	Up to 10 visits each per accident	\$25	\$50
Ambulance-Air	Once per accident	\$900	\$1,200
Ambulance-Ground	Once per accident	\$300	\$400
Child Care	Up to 30 days per accident while insured is confined	\$25	\$30
Daily Hospital Confinement	Up to 365 days per lifetime	\$200	\$300
Daily ICU Confinement	Up to 30 visits days per accident	\$400	\$600
Emergency Room	Once per accident	\$150	\$200
Hospital Admission	Once per accident	\$1,000	\$1,500
Initial Physician's Office Visit	Once per accident	\$75	\$100
Medical Appliance	Once per accident	\$100	\$150
Rehabilitation Facility	Up to 15 days per lifetime	\$100	\$150
Urgent Care	Once per accident	\$75	\$100
X-Ray	Once per accident	\$50	\$75
Sample list of covered Injury and Surgery benefits			
Concussion	Up to 3 per year	\$150	\$200
Dislocation	Once per joint per lifetime	Up to \$4,000	Up to \$8,000
Eye Injury	Once per accident	Up to \$400	Up to \$600
Fracture	Once per bone per accident	Up to \$6,000	Up to \$9,000
Hernia Repair	Once per accident	\$150	\$200
Joint Replacement	Once per accident	\$2,000	\$3,000
Knee Cartilage	Once per accident	Up to \$750	Up to \$1,000
Ruptured Disc	Once per accident	\$750	\$1,000
Tendon / Ligament / Rotator	Up to 2 per accident	Up to \$1,000	Up to \$1,500
Sample list of Catastrophic coverage benefits			
Accidental Death	Within 90 days; Spouse @ 50%, Child @ 25%	\$30,000	\$50,000
Home Health Care	Up to 30 days per accident	\$50	\$50
Prosthesis	Up to 2 per accident	Up to \$1,500	Up to \$2,000

Hospital Indemnity

You have the choice of two hospital indemnity plans, which allow you the flexibility to enroll for the coverage that best meets your needs. Hospital indemnity insurance pays if you are confined in a hospital for a covered illness or injury (including Covid-19). This coverage can help offset expenses like deductibles, coinsurance, or copays. This benefit also can be used for any non-medical expenses like housing costs, groceries, car expenses, etc.

PLAN INFORMATION	BENEFIT	
	Low Option	High Option
Coverage Type	On and off-job (24 hour)	
Covered Events	Illness and injury	
HSA Compatible	Yes	
Benefits <ul style="list-style-type: none"> • First day hospital confinement <i>1 day per year</i> • Daily Hospital Confinement (Day 2+) <i>Up to 30 days per year</i> • Daily ICU Confinement (Day 2+) <i>Up to 10 days per year</i> 	<ul style="list-style-type: none"> • \$1,000 • \$100 • \$200 	<ul style="list-style-type: none"> • \$1,500 • \$100 • \$200

Voluntary health benefits—employee contributions per bi-weekly paycheck

	Employee Only		Employee + Spouse / Domestic Partner		Employee + Child(ren)		Employee + Family	
	Low	High	Low	High	Low	High	Low	High
<i>Critical illness</i>								
Age: 18-24	\$1.13	\$1.81	\$1.91	\$2.93	\$1.72	\$2.59	\$2.59	\$3.84
25-29	\$1.34	\$2.20	\$2.23	\$3.51	\$1.93	\$2.98	\$2.92	\$4.42
30-34	\$1.48	\$2.46	\$2.44	\$3.91	\$2.07	\$3.24	\$3.13	\$4.81
35-39	\$1.80	\$3.10	\$2.93	\$4.86	\$2.40	\$3.88	\$3.62	\$5.77
40-44	\$2.41	\$4.27	\$3.87	\$6.67	\$3.00	\$5.05	\$4.56	\$7.58
45-49	\$3.54	\$6.53	\$5.65	\$10.16	\$4.14	\$7.30	\$6.34	\$11.07
50-54	\$4.79	\$9.00	\$7.57	\$14.01	\$5.38	\$9.78	\$8.27	\$14.92
55-59	\$6.41	\$12.24	\$10.09	\$19.04	\$7.00	\$13.02	\$10.78	\$19.94
60-64	\$8.87	\$17.16	\$13.90	\$26.65	\$9.46	\$17.94	\$14.59	\$27.56
65-69	\$12.02	\$23.46	\$18.70	\$36.24	\$12.61	\$24.24	\$19.39	\$37.15
70-74	\$16.05	\$31.52	\$24.87	\$48.59	\$16.64	\$32.30	\$25.56	\$49.49
75-79	\$21.32	\$42.06	\$32.86	\$64.56	\$21.91	\$42.84	\$33.54	\$65.46
<i>Accident</i>	\$3.10	\$4.62	\$4.89	\$7.29	\$5.28	\$7.90	\$8.28	\$12.37
<i>Hospital Indemnity</i>	\$6.70	\$9.13	\$15.24	\$20.86	\$12.80	\$17.35	\$22.35	\$30.45



Wellness commitment and programs

At Sovos, we are committed to supporting your overall health and wellness.

Employee Assistance Program (EAP) through Resources for Living

In addition to the Employee Assistance Program (EAP) offered through The Hartford by ComPsych, expanded EAP resources available to you through the Aetna Resources for Living program. **All Sovos employees have access to confidential mental health services through Resources for Living** which provides **up to 10 EAP visits** per issue per year (for unlimited issues). Your spouse or domestic partner, and your dependent children ages up to age 26 also have access to Resources for Living services at **no cost to you**.

Additionally, Resources for Living provides confidential counseling and referral services and offers work-life services, including legal and financial counseling, elder care and child care referrals, and an extensive library of reference articles. They can help you find resources for:

- Relationship support
- Depression
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Self-esteem and personal development
- Substance misuse
- Child care, parenting, and adoption
- Summer programs for kids
- School and financial aid research
- Care for older adults
- Caregiver support
- Special needs
- Pet care
- Home repair and improvement
- Free 30-minute consultation for legal or financial services

Aetna Resources for Living

1-888-238-6232, TTY: 711 www.ResourcesforLiving.com

Username = Sovos | Password = EAP

Resources for all Sovos employees

Resources for Living offers a number of programs and resources available to all Sovos employees. These services are available at no cost to you.

TalkSpace chat therapy



TalkSpace is the most convenient and affordable way to connect with a licensed therapist. Send secure text, audio, picture, and video messages to your counselor and they will respond daily, 5 days/week. A week of testing counts as one session. If you're looking for the "face-to-face" therapy experience, TalkSpace also offers live video sessions so you and your therapist can plan to connect in real-time.

Identity theft services

One-hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

MindCheck

Online tools that make it easy to improve your emotional wellbeing. Measure your mindset and get feedback and resources to maintain a positive outlook.

myStrength



myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain. Once you set up myStrength, you'll log on to a home page created just for you. Visit www.ResourcesforLiving.com or download the myStrength app.

Online resources

The Resources for Living member site offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Adult care and child care provider search tool
- Stress resource center
- Video resources
- Live and recorded webinars
- Mobile app

Discount center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition, and more.

Resources for all Sovos employees— Additional services from The Hartford

The Hartford offers a number of helpful counseling services available at no cost to you.

Ability Assist counseling services

Ability Assist and EAP counseling services are offered through ComPsych. All full-time employees and their dependents have 24/7 access to free confidential counseling through ComPsych. You are automatically enrolled in this program.

ComPsych provides support for emotional health, substance abuse, as well as financial and legal advice.

You also have access to personal Health Care Navigation support through HealthChampion if you become disabled or are diagnosed with a critical illness. Your HealthChampion will work with you to provide guidance on care options as well as additional helpful resources.

To utilize these resources, call

1-800-96-HELPS or register with ComPsych at www.guidanceresources.com. If you're a first-time user, you'll be asked to provide the following information on the profile page:

1. In the Company / Organization field, use: **HLF902**.
2. In the Company Name field at the bottom of personalization page, use: **ABILI**.
3. Create your own confidential user name and password.

Beneficiary Assist

Beneficiary Assist offers counseling services that both you and your beneficiaries (named in your policy) can use. Counselors can help you cope with emotional, financial or legal issues after a loss.

1-800-411-7239

EstateGuidance will services

The Hartford can help you create a customized and legally binding will backed by licensed attorneys. Talk to a trusted advisor today.

www.estateguidance.com

Code: **WILLHLF**

Funeral concierge services

The Hartford's Funeral Concierge offers online tools and live support to help you when you need it most. This service can help document wishes and compare costs of funeral-related expenses. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers.

1-866-854-5429

www.everestfuneral.com/hartford

Code: **HFEVLC**

Travel Assistance with ID Theft protection

Travel Assistance helps you access medical assistance when traveling 100+ miles away from home for 90 days or less. Call before your trip to understand your coverage and feel more secure. **ID Theft** services are available to you and your family at home or when traveling.

Toll-free: **1-800-243-6108**

From other locations, call collect:

1-202-828-5885

Email: assist@imglobal.com

What to have ready:

- Your employer's name
- Your phone number
- Nature of the problem
- Sovos' group policy number: **876300G**
- Your Travel Assist ID number: **GLD-09012**

Resources for Aetna members

For all Aetna plan members (medical, dental, or vision)

Additional Aetna resources

Aetna Discount Programs—Aetna offers additional saving opportunities specifically for Aetna members (including those that are enrolled in the dental or vision plans without medical coverage). These are built-in plan discounts with no referrals, claims or limits. Your family can use them too. Log on to www.Aetna.com to:

- Save on hearing aids and exams
- Receive discounts on eye exams, LASIK, contacts, and accessories
- Find vision, hearing, or natural therapy professionals
- Sign up for a weight-loss program
- Buy health products
- Find a gym, get discounts on wearable fitness devices, and more!



Saving for your future

Keeping up with rent or a mortgage, paying off school loans, and saving for your child's education can make it hard to think about your own future retirement. That's why Sovos provides you with a 401(k) Plan to build up your savings for when the retirement day comes.

You are immediately 100% vested in both your own contributions and in the employer matching contributions (that means the money is yours as soon as it goes into your account).

Who is eligible for the Sovos 401(k) Plan?

You are eligible to join the Sovos 401(k) Plan after you have completed 3 months of service.

About the Sovos 401(k) Plan

Eligible employees can set aside up to a total of \$23,000 in 2024 into the plan (if you are over 50, you can set aside an additional \$7,500 in "catch-up" contributions). Your contributions to the plan come out of your paycheck before taxes are taken out and can be invested in a variety of ways within the plan.

In addition, Sovos will make matching contributions to your account, up to 4% of eligible pay:

- Sovos will match dollar for dollar the first 3% of your eligible pay you contribute.
- Then Sovos will match 50 cents on the dollar for the next 2% of eligible pay.

Manage your 401(k) account online

You can manage your 401(k) account through the Sovos 401(k) portal. This online portal displays current information about your 401(k) account balance, contributions, investment choices, and other plan information. It also allows you to:

- Change your contribution %
- Change your investment elections
- Rebalance your investments
- Research fund performance
- Project your retirement income progress
- Print a statement
- Read or download resource materials and forms

Enrollment process

You are eligible to join the Sovos 401(k) Plan after you have completed 3 months of service. After 3 months of service, you will automatically be enrolled in the Sovos 401(k) at a contribution level of 3% of your pay. You will receive a 401(k) enrollment packet in the mail. If you wish to change or adjust your elections, log on to the the Charles Schwab portal to decide how much to contribute and which investments to select.

Automatic enrollment

If you do not select the opt-out enrollment option in your first three months of employment, you will automatically be enrolled in the Sovos 401(k) at a contribution level of 3% of your pay. This will be deducted from your paycheck and deposited in the 401(k) Plan. This contribution, along with any matching contributions, will be invested in the 401(k) Plan's default investment option. This default contribution will increase by 1% each year on January 1, until you are contributing 6% of pay.

If you want to change your contribution rate or opt out, log on to the Charles Schwab site to adjust your elections.

Plan distributions

If you leave Sovos, you may take a distribution or roll your balance over to your new employer's plan or an IRA account. Please consult the plan portal for more information.

There are two situations where it is possible to receive distributions while employed at Sovos: a participant loan and a financial hardship distribution. For more information, please consult the plan portal or the summary plan description.

It is important to note that distributions may have potential tax consequences and you should carefully consider those consequences and / or consult with your tax advisor before taking a distribution.

Legal notices and additional information are provided to you in a separate document and posted on the [UKG Benefits Administration site](#). Legal documents govern in the event of a discrepancy. For questions about this document, email people@sovosbrands.com.

Reminder: Please consult your tax advisor for any questions regarding the deductibility of HSAs, FSAs, or commuter benefits. Some rules do differ by state on their treatment for local and state taxes.



Other important information about your benefits

Benefits can seem complicated but there is always help around the corner. If you have questions, email people@sovosbrands.com. In the meantime, here is some helpful information for you about key features of the plans.

About payroll deductions

All contributions to your medical, dental, and vision plans will be deducted on a pre-tax basis each pay period. Contributions for covering a domestic partner are taken out on a post-tax basis each pay period. Contributions made by the employer for domestic partner coverage will be subject to **imputed income**.

What is imputed income?

Imputed income is the value of a benefit provided by the employer to employees, which must be treated as income. The employer has to report imputed income on the employees' Form W-2 and withhold taxes.

How to enroll

To enroll for benefits, please visit <https://nw16.ultipro.com/Login>.

- As a new hire, you need to enroll for benefits within 30 days of hire. Once you have chosen your plans, the benefits will be in place for the remainder of the calendar year. No changes or new enrollments will be allowed, unless you experience a qualifying status change or life event such as marriage, divorce, a new child, etc.
- If you have difficulty logging on to the UKG Benefits Administration site, contact people@sovosbrands.com.



Contacts

For help with	Provider	Contact details
UKG Benefits Administration Site	Ultimate Kronos Group	people@sovosbrands.com
Health Plan Details	Aetna Medical, Dental, and Vision	1-833-359-0121 www.Aetna.com
Pharmacy or Aetna Rx Home Delivery	Aetna Pharmacy	1-800-227-5720 TDD: 1-800-823-6373
HSA Administration	PayFlex	1-888-678-8242 www.mypayflex.com
FSA and Commuter Benefits Administration	Rocky Mountain Reserve	1-888-722-1223 www.rockymountainreserve.com
Life Insurance Claims	The Hartford	1-888-563-112
Leave & Disability Claims		1-888-277-4767 www.abilityadvantage.thehartford.com
Voluntary Health Benefits		1-866-547-4205 www.thehartford.com/benefits/myclaim
Employee Assistance Program (Aetna—10 visits)	Resources for Living	1-888-238-6232, TTY: 711 www.ResourcesforLiving.com Username: Sovos Password: EAP
Employee Assistance Program (The Hartford—3 visits) and HealthChampion	ComPsych through The Hartford	1-800-96-HELPS www.guidanceresources.com Company/Org: HLF902 Company Name: ABIL
Beneficiary Counseling Services	ComPsych through The Hartford	1-800-411-7239
Estate Guidance Will Services	EstateGuidance through The Hartford	www.estateguidance.com Code: WILLHLF
Funeral Concierge Services	Everest through The Hartford	1-866-854-5429 www.everestfuneral.com/hartford Code: HFEVLC
Travel Assistance & ID Protection	General Global Assistance through The Hartford	From the U.S., call: 1-800-243-6108 From other locations, call collect: 1-202-828-5885 Fax: 202-331-1528 ID number: GLD-09012 Group Number: 876300G



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

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

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

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

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

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

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ALASKA – Medicaid	FLORIDA – 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	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2
CALIFORNIA – Medicaid	INDIANA – 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	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
KENTUCKY – Medicaid	NEBRASKA – 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: KIHIPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – 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)	Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	NEW HAMPSHIRE – 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	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 5218
MASSACHUSETTS – Medicaid and CHIP	NEW JERSEY – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102 Email: masspremassistance@accenture.com	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MINNESOTA – Medicaid	NEW YORK – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid	TEXAS – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
NORTH DAKOTA – Medicaid	UTAH – Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OKLAHOMA – Medicaid and CHIP	VERMONT– Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
OREGON – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	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
PENNSYLVANIA – Medicaid amd CHIP	WASHINGTON – Medicaid
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
RHODE ISLAND – Medicaid and CHIP	WEST VIRGINIA – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://dhr.wv.gov/bms/ http://mywvhpp.com/ Medicaid Phone: 304-558-1700 Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH CAROLINA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH DAKOTA – Medicaid	WYOMING – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	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, 2023, or for more information on special enrollment rights, contact either:

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

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



Women's Health and Cancer Rights Act of 1998 Enrollment Notice

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. Please refer to your Certificate of Coverage, Member Handbook, or Schedule of Benefits for more specific information.

If you would like more information on WHCRA benefits, call your plan administrator at **1-970-408-0615**.