Albertsons Companies

We put people first.

2024 Benefits Guide

The United Family · United supermarkets · Amigos · Albertsons Market · Market Street · United Express · RC Taylor Distributing · USM Manufacturing · LLANO · United Food & Beverage Services

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Learn more about your benefits.

Go to UnitedFamilyBenefits.com.

Benefits Basics

Plan It. Own It. Live It.

2024 Benefits At-a-Glance

Benefit	Date of Hire			First of Month Following 30 Days of Employment	First of Sixth Month of Employment[1]
	FT	PT 30+ hrs/wk	PT<30 hrs/wk	FT	PT 30+ hrs/wk
Medical				✓	✓
Dental				✓	✓
Vision				✓	✓
Health Savings Account				✓	✓
Teladoc Telemedicine (if enrolled in BCI medical plan)				✓	✓
Transcarent Surgery Care (if enrolled in BCI medical plan)				✓	✓
2nd.MD Expert Medical Opinion (if enrolled in BCI medical plan)				✓	✓
AccessHope Cancer Support Services				✓	✓
United Diabetes Management Program				✓	✓
SmartShopper®				✓	✓
Flexible Spending Accounts				✓	✓
Basic Life and AD&D				✓	✓
Optional Life and AD&D				✓	✓
Short-term Disability				✓	
Long-term Disability				✓	
Voluntary Benefits				✓	✓
Employee Assistance Program				✓	✓
MyStrength Digital Emotional Support Program				✓	✓
Rethink Developmental Support				✓	✓
401(k) Team Member Contributions[2]	✓	✓	✓		
Farmers Auto & Home Insurance				✓	✓
United We Care					✓
Purchasing Power	✓				
College Savings Plan				✓	✓
Team Perks	✓	✓	✓		
Pet Insurance	✓	✓	✓		

1) Part-time Team Members must work on average 30 or more hours per week during Initial Measurement Period to become eligible for most benefits on the first day of the sixth month of employment (see page 5 for details). To continue eligibility, part-time Team Members must work on average 30 or more hours per week during Standard Measurement Period (see page 5 for details).

2) 401(k) associate contributions eligible for discretionary Company matching contributions begin on your one year anniversary if you worked 1,000 or more hours. Otherwise, contributions eligible for discretionary Company matching contributions begin on January 1 following a calendar year in which you worked 1,000 or more hours. See page 42 for more information.

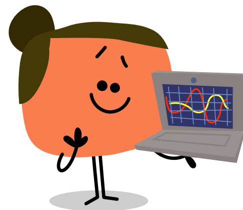
Meet ALEX®, Our Online Benefits Counselor

When it comes to choosing health plans, everyone has different priorities, such as weekly contributions, choice of in-network providers and cost of care. ALEX is our interactive benefits counselor who will explain your benefits in easy-to-understand language.

ALEX can provide details and answer questions about the following benefits: medical, dental, vision, health savings account (HSA), Healthcare FSA and Dependent Day Care FSA.

Personalized to Every Team Member

Unlike one-size-fits-all solutions, ALEX engages every Team Member individually with tailored benefits advice.



ALEX can help you choose the benefits and coverage options that will meet your needs and your budget. Because ALEX is available online around the clock, it's easy to access ALEX on your schedule from any web-enabled device.

Higher Learning with ALEX

Benefits ownership is not about getting an insurance education. It's about finding the right plans and using them effectively. ALEX, your own personalized and interactive benefit counselor, can help.

Three Things to Know About ALEX

1. **It's personalized**, so you can see which plans make the most sense for you.
2. **It's confidential,** so you get the guidance you need and can decide how much or how little personal information you want to include to determine the best benefits for you.
3. **ALEX is NOT the online enrollment system**. Once you have reviewed your benefits with ALEX, you must enter your elections into the online enrollment system to complete your enrollment.

Introducing ALEX Go!

If you don't want or need the in-depth benefits education you get using ALEX, **try ALEX Go!**

ALEX Go is a new text-based, mobile-first version of ALEX without the full interactive conversation. You will still get help understanding your best benefit options based on your answers to a series of questions. ALEX Go is available in English and Spanish.

Get Started Using ALEX

To start a conversation with ALEX go to: https://www.myalex.com/albertsons/2024/unitedbenefits.

You can also access more benefits resources at unitedfamilybenefits.com.

Plan It. Own It. Live It.

Plan it

Set aside time to review and select your benefits. Think about the coverage you and your family will need.

Own it

Invest time to read this Guide and access ALEX, our online benefits counselor, to help you choose the best plans for you. It's up to you to make sure you're enrolled in the benefits that you want. Selecting the right benefits for your situation can help you save money in 2024.

Live it

Make the most of your benefits. Take advantage of preventive care checkups and special programs and resources to help you manage your health and live your best life.

Eligibility and Coverage

Who Is Eligible?

Team Members working 30 or more hours per week[1] are eligible for The United Family benefits on the first day of the month following 30 days from date of hire if you enroll within 30 days of your coverage effective date.

1. Some variations apply for pharmacists and Hawaii Team Members.

Whom Can You Cover?

- Your spouse
- Your same-sex or opposite-sex domestic partner — if you cover a domestic partner, the cost of coverage may be taxable due to IRS rules.
- Your child(ren) up to age 26 — eligible children include your biological children, your spouse or domestic partner's biological children, adopted children, stepchildren and legal wards.
- Your disabled child(ren) age 26 and older who:
  - became disabled prior to turning age 26 and is primarily dependent on you for support;
  - is enrolled in an Albertsons medical plan (or another major medical group health plan) on the day immediately prior to attaining age 26;
  - is incapable of self-sustaining employment because of medical or physical disability; AND
  - had an application for extended coverage as a disabled dependent child made within 31 days after reaching the age limit of 26 or being enrolled in the Medical Program.

You must complete the dependent verification process for all newly added dependents. See After you enroll on page 7 for details.

Spousal/Domestic Partner Surcharge

If you choose to cover a spouse or domestic partner who has access to medical coverage through his or her employer, you will be charged an additional $30 per week. You will not pay a surcharge if your spouse or domestic partner:

- Does not work
- Is a United Team Member
- Has coverage available from Medicare
- Is employed but does not have access to employer medical coverage
- Is self-employed

Benefits Eligibility for Part-time Team Members

Under the Affordable Care Act (ACA), employers must offer Team Members the opportunity to enroll in benefits if they meet certain qualifications. In most cases, hourly Team Members must work 30 or more hours per week to be eligible for The United Family benefits.

New Hire Initial Measurement Period for Part-Time Team Members

For part-time new hires, an Initial Measurement Period (IMP) applies. After 17 weeks from an Team Member's hire date, the average hours worked is calculated. If the average hours worked is 30 or more during the IMP, a new hire is eligible for benefits from the first of the sixth month of employment through the end of the plan year (December 31) if enrolled during the designated enrollment period.

Standard Measurement Period (SMP)

The United Family evaluates hours worked to determine benefits eligibility on an annual basis. Our Standard Measurement Period (SMP) begins on or about October 1 of the prior year and ends on or about September 30 of the current year. The SMP applies to all hourly Team Members. Hours worked includes paid vacation or paid time off (PTO) taken plus credited hours for certain approved leaves of absence.

If the average hours worked is 30 or more during the SMP, you are eligible for benefits through the following plan year (January 1—December 31) if you enroll during your designated enrollment period.

Tracking Your Hours

To determine eligibility for benefits, you can track your hours throughout the measurement period by looking at the hours reported on your payroll checks. You may also email the Benefits team at totalbenefits@unitedtexas.com for help with tracking your hours.

To calculate your average hours per week, add up the number of hours you worked each week, then divide that number by the number of weeks in the measurement period.

Example: Calculating Part-time Eligibility

John is a non-union hourly Team Member who works at an The United Family store part-time as a Grocery Clerk. John was hired on July 14, 2023, and his standard hours in Kronos is 24. John worked a total of 554 hours between his hire date and November 10, 2023 (17 weeks) for an average of 32 hours per week.

Based on John's average hours worked, he is eligible to enroll in benefits effective January 1, 2024, through December 31, 2024.

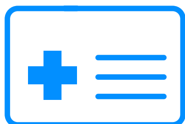
Things to Consider Before You Enroll

1. Review this guide to understand your benefit options.
2. Think about what you might need for the planned and unplanned events in your life.
3. Elect coverage that fits you best—try ALEX (see page 3) to get a recommendation!

How to Enroll

1. Gather birth dates and SSNs for dependents you will cover under medical, dental or vision. See more about dependent verification requirements on page 7.
2. Go to UnitedFamilyBenefits.com
3. Follow the instructions link on the homepage in order to log in, or click on the QR code below to link to instructions on how to acess Infor to enroll in your benefits. If online enrollment is not available, complete the manual form.
4. Once you have completed your online enrollment, be sure to **PRINT YOUR CONFIRMATION FOR PROOF OF ENROLLMENT**. If there is a discrepancy in your enrollment elections, a copy of your confirmation statement will be required.

   If you have questions or need assistance, call the Benefits team at **888-791-0220**.



Watch your home mailbox for member ID cards and debit cards (if you enroll in medical coverage, open a Fidelity HSA or enroll in a healthcare flexible spending account).

Want More Information?

Visit the benefits website at UnitedFamilyBenefits.com.

After You Enroll

If you are enrolling new dependents under your medical, dental or vision coverage, you must submit documentation verifying their eligibility for coverage under United plans.

Download a Dependent Verification Requirements Flyer.

Completed verification documents can be submitted with a cover page that includes your name, Team Member ID, last four digits of your SSN and daytime telephone number. You can:

- Mail the cover page and verification documents to:
  United Supermarkets
  Attn: Benefits Dept.
  7830 Orlando Ave
  Lubbock, TX 79423
- Fax the cover page and verification documents to **806-791-6341**.
- Email documents to totalbenefits@unitedtexas.com

All verification documents must be submitted within 31 days of your coverage effective date, or your dependents will be dropped from coverage as of your coverage effective date.

Watch for ID Cards and Debit Cards in the Mail

- **Medical**—you will receive ID cards from the insurance carrier if you are enrolling in a plan for the first time or you are changing plans.
- **Pharmacy**—you will receive a pharmacy ID card from MedImpact if you enroll in the EPO Network Plan, HSA Plan or PPO Plan. Some Kaiser members will also receive a MedImpact card.
- **Dental**—you will receive a dental ID card from Delta Dental if you enroll in a dental plan for the first time or you change dental plans during Open Enrollment.
- **HSA**—if you enroll in the HSA Plan and you open a health savings account with Fidelity, you will receive an HSA debit card.
- **Healthcare FSA**—if you enroll in a healthcare flexible spending account (HCFSA), you will receive a debit card from Navia.

Enrolling a Domestic Partner?

If you are enrolling a domestic partner as a dependent for medical, dental and/or vision coverage, you must submit both of the following:

- A completed and notarized Affidavit of Domestic Partnership, and
- Proof of joint financial dependency by providing one of the following with both names on the document:
  — Mortgage statement
  — Rental/lease agreement
  — Credit card statement
  — Bank statement
  — Property tax statement from last 12 months

Under federal tax law, if you elect to have your domestic partner or children of your domestic partner covered under your medical, dental and/or vision plan(s), you will pay income tax and Social Security payroll tax on the portion of the premium that the Company contributes for coverage for your domestic partner and children of your domestic partner. Consult with a tax professional for more information.

When Coverage Begins

Full-time New Hires

Coverage begins the first of the month following 30 days of employment provided you enroll within 31 days of your coverage effective date. For example, if Rose's first day of work is March 1, she is eligible for coverage to begin April 1. However, if Rose starts March 5, her coverage will not begin until May 1.

Part-time New Hires Who Meet the Requirements of the Initial Measurement Period

For part-time new hires who satisfy the requirements of their initial measurement period (see page 5), coverage begins the first of the sixth month of employment

If You Don't Enroll?

For benefits-eligible new hires, if you do not enroll by the deadline, you will only have Basic Life and AD&D insurance and short-term disability coverage. You will also have access to the Employee Assistance Program (EAP) and myStrength and can enroll in MetLife pet insurance. You will not have medical, dental, vision and other important coverages.

During Open Enrollment, if you do not enroll by the deadline, you will remain in the same plans you are currently enrolled in, EXCEPT the contribution amounts for your health savings account and flexible spending accounts will be reduced to $0. Per IRS rules, you must enroll in flexible spending accounts and elect an HSA goal amount each year. You can start, stop or change your health savings account goal amounts at anytime throughout the plan year.

Qualifying Life Events

- Change in employment status, such as part-time to full-time (will have 31 days to enroll)
- Birth/adoption of child
- Marriage
- Divorce/legal separation
- Gain/loss of other coverage for you or a dependent
- Beginning/end of domestic partnership relationship
- Death of a spouse, domestic partner or dependent
- You or a covered dependent becomes eligible for Medicare or Medicaid

Life Changes

Life happens and sometimes you need to make benefit changes outside of Open Enrollment.

If you experience a qualifying life event, you must notify the Benefits team within 31 days of the event (60 days for medical changes due to Medicaid or CHIP changes). The changes you make must be consistent with the event.

Dependent Verification

If you are enrolling any dependents on your insurance, you must verify their dependent status in order for them to be covered on the insurance. You can send in one of the following to verify dependent children or step-children:

- Birth certificates
- Verification of birth facts document
- First page of 1040 tax form (if claimed on taxes)
- Court documents for legal guardianship
- Adoption certificates

You can send in one of the following to verify your spouse or domestic partner:

- Marriage certificate
- Common law marriage certificate
- Affidavit of domestic partnership
- First page of 1040 tax form (if filed jointly)

Verification of your dependents MUST be received within 60 days of the effective date of coverage. If the verification is not received, your dependents will not be covered on the plan.

You can fax your documentation to (806) 791-6341 or email totalbenefits@unitedtexas.com. Please include your Team Member number and name.

Working Spouse Surcharge Reminder

If you are covering a spouse the medical plan, please see the Working Spouse Surcharge box on page 7 for important information.

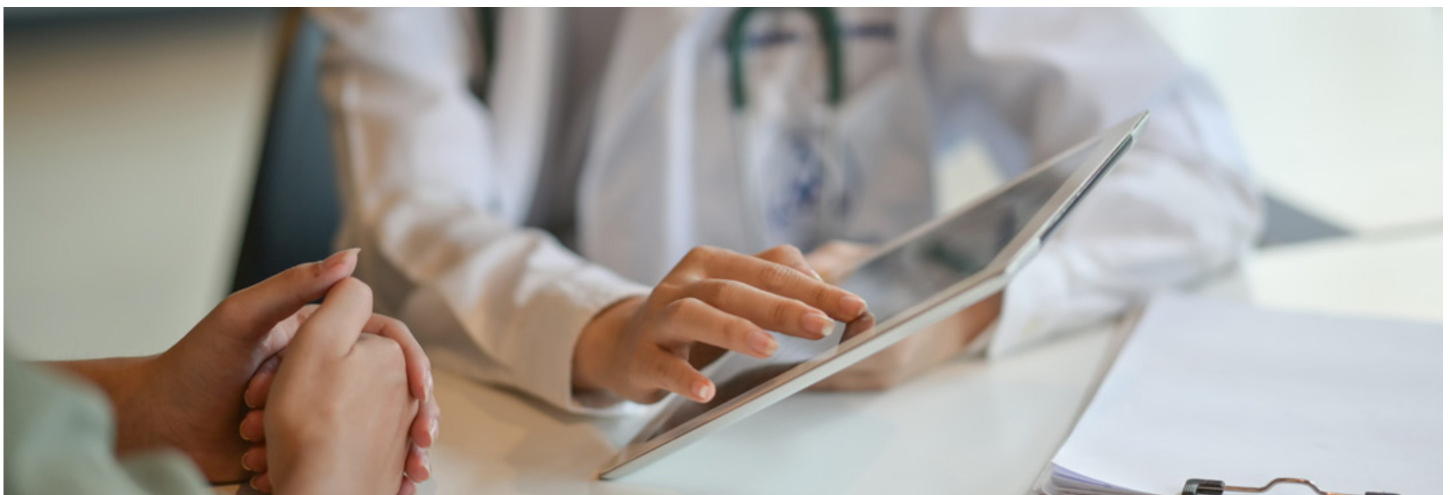
Health and Well-Being

Enjoy happiness and life satisfaction

Medical

Our medical plans are designed to give you the options you need to manage your health the way you want. In most locations, you can choose from three national medical plans administered by Blue Cross of Idaho (BCI). Depending on where you live, you may be eligible for one or more regional medical plans.

Medical Plan	Description
EPO	Depending on your ZIP code, you are eligible for either the EPO HP-Network Plan or the EPO Network Plan. Both networks offer quality, affordable care and are committed to meeting high healthcare standards and improving outcomes. These plans have the same design, but they have different provider networks. Access the Albertsons **EPO Plan HP-Network Zip Code Finder Tool** to see if your zip code is in an HP-Network area. If not, you are eligible for the EPO Network Plan.
EPO HP-Network Plan	If you live in a ZIP code with one of the Blue HPN markets, you are eligible for the EPO HP-Network Plan. With this plan, you must use EPO HP-Network doctors and facilities to receive coverage. If you are traveling or have a dependent away at school, care is only covered when you use EPO HP-Network providers or in the case of an emergency.
EPO Network Plan	If you live in a ZIP code that is NOT in one of the Blue HPN markets, you are eligible for the EPO Network Plan. With this plan, you must use EPO Network doctors and facilities to receive coverage. If you are traveling or have a dependent away at school, care is only covered when you use EPO Network providers or in the case of an emergency.
HSA Plan	The HSA Plan is a PPO plan that uses the same provider network as the PPO Plan through Blue Cross of Idaho. You can see both in-network and out-of-network providers without a referral, but keep in mind staying in-network for care will almost always be less expensive. To help with your share of costs, this plan gives you the option to participate in a Health Savings Account (HSA).
PPO Plan	You can see both in-network and out-of-network providers without a referral, but keep in mind staying in-network for care will almost always be less expensive.



Basic Benefit Terms

Here are a few benefit terms to know as you compare your medical plan options.

Coinsurance

Once you pay the annual deductible, you and the plan share the cost of covered expenses, up to the out-of-pocket maximum. Coinsurance is usually expressed as a percentage; for example, if your insurance plan pays 80 percent of an eligible expense, you're responsible for paying the remaining 20 percent.

Contribution

Your contribution (also called a rate or premium) is the amount of money deducted from your paycheck to pay for your Albertsons benefit coverage.

Copay

A copay is a flat fee that you pay each time you go to your doctor or fill a prescription.

Deductible

The annual deductible is the amount you pay out of your own pocket for covered medical services before the plan begins to pay benefits. For certain services like preventive care, you do not have to pay the deductible amount before the plan begins to pay benefits. The deductible resets each January 1. **Note**: If you cover a dependent under your medical plan, review page 16 for more information.

EPO

EPO stands for Exclusive Provider Organization. An EPO covers you when you use in-network doctors and facilities. Except in the case of an emergency, you'll pay the full price for any out-of-network care.

HSA

HSA stands for Health Savings Account. The HSA Plan uses a PPO which means you can use both in-network and out-of-network providers without a referral, but staying in-network will almost always cost less. To help with your share of costs, the HSA plan gives you the option to participate in a Health Savings Account (see page 30).

Network

Our medical plans use a network of physicians and facilities contracted by Blue Cross of Idaho (or by regional medical plans in certain areas) to provide services within negotiated price limits. You and Albertsons both pay less when you choose in-network providers. See page 17 to find a BCI network provider in your area.

Out-of-Pocket Maximum

The annual out-of-pocket maximum (OOPM) is the most that you have to pay for covered healthcare expenses (out of your pocket) in a calendar year before the plan starts to pay 100 percent of covered expenses. Deductibles, copays and coinsurance count toward the out-of-pocket maximum.

PPO

PPO stands for Preferred Provider Organization. With a PPO, you can use both in-network and out-of-network providers without a referral, but staying in-network will almost always cost less.

2024 Medical Plans At-a-Glance

Plan Feature	EPO HP-NETWORK PLAN OR EPO NETWORK PLAN	HSA PLAN	PPO PLAN
Where available	Click here for high performance network locations.	Nationwide except HI	Nationwide except HI
Annual Deductible • Team Member • Family	Embedded $1,500 $4,500	Aggregate $2,000 $4,000[1]	Embedded $900 $1,800
Annual Out-of-Pocket Max • Team Member • Family	Embedded $5,000 $15,000	Embedded $6,000 $12,000	Embedded $3,750 $7,500
	NETWORK ONLY YOU PAY	**IN-NETWORK YOU PAY**	**IN-NETWORK YOU PAY**
Preventive Care	$0[3]	$0[3]	$0[3]
Teladoc Telemedicine Visit • Medical • Mental Health • Dermatology • Nutrition	 $20 per visit $20 per visit $20 per visit $20 per visit	 $20 per visit $20 per visit $20 per visit $20 per visit	 $20 per visit $20 per visit $20 per visit $20 per visit
Office Visit • PCP • Specialist	 $20 copay[3] $40 copay[3]	 20%[2] 20%[2]	 20%[2] 20%[2]
Urgent Care	$40 copay[3]	20%[2]	20%[2]
Emergency Room	$200 copay + 30%[2]	20%[2]	$200 copay + 20%[2]
Diagnostic Testing	PCP office: $20 copay[3] Specialist office: $40 copay[3]	20%[2]	20%[2]
Outpatient X-Ray and Lab	PCP office: $20 copay[3] Specialist office: $40 copay[3]	20%[2]	20%[2]
Hospitalization • Inpatient Semi-Private Room • Inpatient Physician	 30%[2] 30%[2]	 20%[2] 20%[2]	 20%[2] 20%[2]
Outpatient Treatment (Physical, Occupational & Speech Therapy)	$40 copay[3]	20%[2]	20%[2]
Mental Health/Substance Abuse • Inpatient • Outpatient	 30%[2] $20 copay[3] (Outpatient psychotherapy)	 20%[2] 20%[2]	 20%[2] 20%[2]
Pharmacy Retail	**30-day supply**	**30-day supply**	**30-day supply**
• Annual Deductible Applies • Pharmacy Out-of-Pocket Max	No Combined with medical	Yes Combined with medical	No Combined with medical
• Specified Preventive Drugs[3,4] • Generic • Brand Preferred • Brand Non-Preferred	N/A $10 copay 20% (min $30, max $90) 30% (min $60, max $120)	100% covered[3,4,5] $10 copay 20%[2] (min $30, max $90) 30%[2] (min $60, max $120)	N/A $10 copay 20% (min $30, max $90) 30% (min $60, max $120)
Pharmacy Retail/Mail Order	**90-day supply**	**90-day supply**	**90-day supply**
• Specified Preventive Drugs[3,4] • Generic • Brand Preferred • Brand Non-Preferred	N/A $30 copay 20% (min $90, max $270) 30% (min $180, max $360)	100% covered[3,4,5] $30 copay 20%[2] (min $90, max $270) 30%[2] (min $180, max $360)	N/A $30 copay 20% (min $90, max $270) 30% (min $180, max $360)

1) The family deductible must be met before any person receives benefits.
2) Coinsurance you pay after you meet the annual deductible unless otherwise noted.
3) Annual deductible waived.
4) As specified in essential health drug list.
5) Includes additional preventive drugs based on a formulary.

Choosing the Right Medical Plan

Coverage under the plans is similar.	The difference is how you prefer to pay — less up front and more when you get care or more up front and less when you get care.
Only the HSA Plan allows you to open an HSA.	If you want to save for healthcare expenses tax-free* in an HSA, consider the HSA Plan.
The HSA Plan has an aggregate deductible. The EPO HP-Network/EPO Network plans and the PPO Plan have an embedded deductible.	This is important if you're covering dependents. With the **HSA Plan**, you must pay the entire family deductible of $4,000 before the plan shares costs with you for any covered family member. See page 16 for more information on the two types of deductibles. If you want lower your taxable income and contribute to a Health Savings Account via payroll deduction and pay less in paycheck premiums than the PPO Plan, the HSA Plan may be a good option for you.
The EPO Network Plan or EPO HP-Network Plan has the lowest paycheck premium for Team Member only coverage and has fixed out-of-pocket costs for basic services.	The EPO Plans offer copays for basic services and might be a good option for you if you are single and generally healthy, and you don't mind getting all of your care from EPO network providers.
EPO plans do not cover out-of-network services, except in the case of emergency.	Out-of-network services are not covered in EPO plans, so it is important to check whether your preferred providers are in-network before choosing one of these plans.
The PPO Plan allows you to see providers in and out-of-network but you pay higher paycheck premiums.	The PPO Plan has lower annual deductibles. If you use healthcare services frequently and would rather pay more up front in paycheck premiums and less when you need care, the PPO Plan may be a good option for you.

* State income tax applies in CA and NJ.

Ask alex®

Can't decide which medical plan is best? You don't have to make your enrollment choices alone. ALEX, our online benefits counselor, is here to help. See page 3 to learn more.

Prescription Drug Coverage

Prescription drug coverage helps pay for prescription medications purchased from any of our 1,700+ Company-owned pharmacies or a participating network pharmacy.

MedImpact is the pharmacy benefit manager for the BCI medical and certain regional plans. You will receive a prescription drug ID card from MedImpact, which is separate from your medical ID card, mailed to your home.

All Company-owned pharmacies are staffed with highly trained pharmacists and pharmacy technicians who treat your health with care and confidentiality.

MedImpact network pharmacies are only covered if the pharmacy is more than 10 miles from a Company-owned pharmacy. If you need help with finding a network pharmacy, please contact MedImpact at 888-402-1984.

What's a pharmacy benefit manager?

A pharmacy benefit manager manages the prescription drug benefits included in a medical plan.

Specialty Medications

Our in-house **Specialty Care services** are available to help you fill prescriptions for select specialty medications. Specialty medications are for complex diseases like HIV, mental health, autoimmune disorders and cancer. If this applies to you, your pharmacist will connect you with our Specialty Care team.

Things to Consider

The cost of your prescription depends on whether the drug is considered specified preventive, generic, brand preferred or brand non-preferred.

- **Specified preventive drugs**: These are drugs specified on the essential drug list covered at 100% if filled at a Company or Medimpact network pharmacy. If you are enrolled in the HSA plan, additional preventive drugs are covered at 100% based on a formulary. See the list of additional preventive drugs covered at 100% with the HSA plan.
- **Generic drugs**: These drugs are sold under the drug's chemical name and contain the same active ingredients and equivalent strength and dosage to the brand-name equivalent.
- **Brand preferred drugs**: You pay a lower copay for brand preferred drugs on the drug formulary compared to brand non-preferred drugs that are not on the drug formulary.
- **Brand non-preferred drugs**: You pay the highest copay for brand non-preferred drugs that are not on the drug formulary.

Annual Deductible

How It Works If You Cover Dependents

Aggregate Deductible

The **HSA Plan** has an **aggregate deductible**. This means that the entire family deductible must be met before the plan shares costs with you for any covered family member.

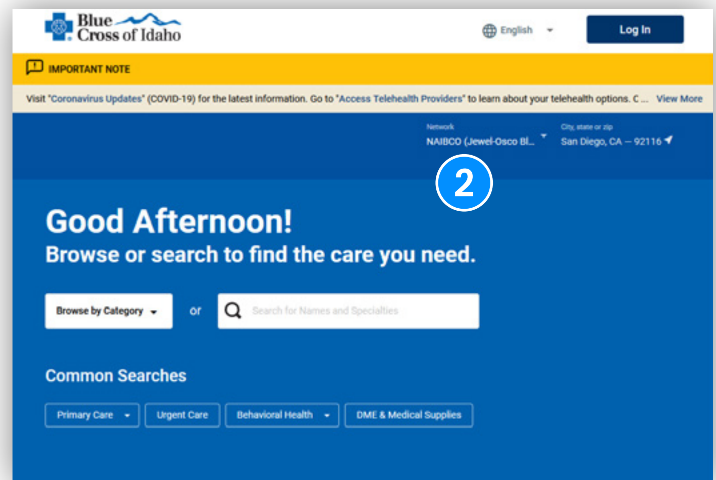
Embedded Deductible

All of our other medical plans have an **embedded deductible**. This means once a covered family member meets the individual deductible, the plan begins sharing costs with you for that family member. Charges for all covered family members will continue to count toward the family deductible. Once the family deductible is met, the plans share costs with you for all covered family members.

Find a Network Provider

Go to https://members.bcidaho.com

1. Click on **Albertsons companies, including Jewel-Osco and Safeway, you can find a provider here**.
2. Click on the network dropdown list and select the name of your medical plan to find providers in your area.



Active Team Member Plans

Select the Medical Plan Name to Find Network Providers
PPO Plan
EPO Network Plan
EPO HP-Network Plan
HSA Plan

Find BCI In-Network Providers

If you enroll in a BCI medical plan in 2024, you can find in-network providers in your area on the BCI website. To find in-network providers, you must select the name of the medical plan you choose for 2024 on the provider finder page.

Telemedicine – Convenient and Affordable Expert Care

Through Teladoc, Blue Cross of Idaho Medical Plan members have access to board-certified doctors, pediatricians, nurses, licensed therapists and psychiatrists by phone or video, 24/7. Virtual visits are safe, convenient and often cost less than urgent care visits or a visit to your primary care physician's office.

Teladoc Anytime, Anywhere Care for Blue Cross of Idaho Medical Plan Members

Teladoc doctors, counselors and providers are available to help you and your family feel better while traveling, at work or at home. They can resolve many of your non-emergency concerns via phone or video consultation.

Same Coverage Applies

Certain healthcare providers offer virtual visits as part of their clinical practice. If you have an appointment with your primary care physician or another member of your care team by phone or video, that visit is covered under the medical plan just like an in-person visit, subject to your standard copay or coinsurance and deductible.

Get Started with Teladoc

You have three ways to set up a Teladoc account:

1. Go to Teladoc.com

2 Download the Teladoc mobile app from the App Store or Google Play

3. Call 800-TELADOC (835-2362)

Teladoc Care	Description	EPO You Pay	HSA You Pay	PPO You Pay
General Medical	Talk to a doctor 24/7 for non-emergency conditions such as flu, cold, allergies, sore throat and more.	$20 per visit	$20 per visit	$20 per visit
Mental/Emotional Health	Talk to a therapist or psychiatrist of your choice, 7 days a week from anywhere for stress, anxiety, depression, grief and more.	$20 per visit	$20 per visit	$20 per visit
Dermatology	Upload images and details of a skin issue in the Teladoc app. A dermatologist will review them and provide a treatment plan with 24 hours for acne, psoriasis, rashes, rosacea, eczema, skin infections, moles and skin spots.	$20 per visit	$20 per visit	$20 per visit
Nutrition	Talk to registered dietician for weight management, digestive issues, special diets, food allergies, meal plans and more.	$20 per visit	$20 per visit	$20 per visit

Surgery and Specialty Care Benefits

If you are enrolled in a Blue Cross of Idaho medical plan, you and your dependents have access to several programs that work together to help you make confident decisions around a new diagnosis, surgery, changes in your medication, chronic conditions or you are family member is diagnosed with cancer.

2nd.MD—Expert Second Opinions Made Easy

When receiving a diagnosis, undergoing treatment or preparing for surgery, we all want to feel secure in knowing that we are getting the best care possible. 2nd.MD ensures just that.

With 2nd.MD, you and your covered family members have free access to a second opinion from expert specialists on diagnosis, surgery and/or treatment plans. You can speak directly with an expert via phone or video to learn more about your condition, ensure a correct diagnosis, compare treatment options and be confident the treatment you choose is right for you.

Note: You and/or your dependents must be enrolled in a Blue Cross of Idaho medical plan to access 2nd.MD. There is no cost to access this service.

AccessHope—Leading-edge Cancer Care

If you are enrolled in a Company-sponsored medical plan through Blue Cross of Idaho, you can take advantage of AccessHope, which provides leading-edge cancer expertise for eligible employees and family members* all at no cost when you access the benefit.

If you or an eligible family member has been diagnosed with cancer, contact AccessHope to access services, including:

- **Cancer support team**. You and your family have telephonic access to compassionate oncology nurses who offer information, empowerment, and support when people need it most.
- **Expert advisory review**. Request a review of your cancer diagnosis and treatment plan from AccessHope's world-renowned National Cancer Institute (NCI)-Designated Comprehensive Cancer Center specialists.

When You Should Get a Second Opinion Before Surgery

Consider a second opinion when your doctor says you have enough time to gather more information or explore other options besides surgery. Getting a second opinion is a good idea when:

- **You feel like you need more information about your surgery**: It's important to have a full understanding of your procedure and how it will help you get back to feeling better. Do you feel fully briefed on any potential risks? Have your doctor and surgeon taken the time to answer all of your questions? Are you confident that your surgeon can perform the procedure? If you're not sure you're making the best choice, seek a second opinion.
- **Your doctor doesn't specialize in your type of surgery**: If your doctor or surgeon doesn't have as much experience with your recommended procedure, a second opinion from another doctor or surgeon can help clarify your treatment plan.
- **You're told surgery is your only option**: In some cases, there may be less invasive or noninvasive solutions to consider as part of your treatment plan.

* Eligible family members include spouse/domestic partner, children (under and over age 26), parents, parents-in-law, grandparents, grandparents-in-law and siblings.

2nd.MD and AccessHope Benefits At-a-Glance

2nd.MD	AccessHope
Get an expert second opinion on any medical diagnosis or treatment plan—at no cost to you. 2nd.MD can also help you find specialists and get expert answers to your questions.	Get leading-edge cancer expertise from AccessHope when you or a family member is diagnosed with cancer at no cost to you.

Reasons to Contact

2nd.MD		AccessHope	
New diagnosis	Change in medication	Get a cancer diagnosis	Dealing with emotional impact
Possible surgery	Chronic conditions	Receive cancer support services	Help family members cope

Covered Conditions

2nd.MD

- Surgery pending
- Musculoskeletal pain
- Joint pain
- Neurological disorders
- Vascular disease
- GI disorders
- Immunological disorders
- Behavioral health concerns
- Infertility and pregnancy concerns
- Genetic disorders

AccessHope

- Anything related to cancer

Services Provided

2nd.MD

For non-cancer-related services, 2nd.MD takes care of:

- Collecting records
- Recommending specialists
- Scheduling a consult
- Specialist consult
- Coordinating follow-up needs with other providers and services available to you

Expert Second Opinion Service

2nd.MD offers expert-lead education and guidance on any major medical decisions you and your family may be facing. 2nd.MD provides you with the answers you need within days, so you can get the care you need. 2nd.MD helps you gain medical certainty by connecting you with an expert who can help you with the following:

- Pair you with a highly skilled, experienced nurse who can help you understand your medical situation, review important questions to ask your doctor and help you navigate the healthcare system.
- Connect virtually with a doctor who specializes in your specific condition. They will review your medical records and have a detailed conversation with you so you can gain confidence in your diagnosis and treatment plan.

AccessHope

AccessHope connects you and your local treating oncologist to specialized experts at world-renowned National Cancer Institute (NCI)-designated comprehensive cancer centers including Johns Hopkins Sidney Kimmel Comprehensive Cancer Center and:

AccessHope Programs

Cancer Support Team. Connect with an experienced, compassionate oncology nurse to discuss tips on preparing for doctor appointments, treatment information, side effect management, or emotional support.

Expert Advisory Review. Request that an AccessHope medical expert review your case. AccessHope will collect the relevant medical records and provide recommendations on your treatment plan based on groundbreaking insights and leading discoveries for your type of cancer. Your community doctor continues to determine your treatment plan with you, while AccessHope's experts send recommendations, such as clinical trials and targeted therapies.

Contact Information

2nd.MD	AccessHope
Website: www.2nd.md/albertsons To register, fill in the information under "Get Started!" Telephone: 866-841-2575	Website: myaccesshope.org/albertsons Telephone: 844-710-1692

Transcarent Surgery Care

With Transcarent Surgery Care, Blue Cross of Idaho medical plan participants save money while receiving high-quality care and concierge support, resulting in fewer complications, better outcomes and quicker recoveries for certain non-emergency surgeries.

Transcarent Required for Musculoskeletal and Bariatric Surgery

For associates and dependents enrolled in a Blue Cross of Idaho medical plan and undergoing certain bariatric or musculoskeletal surgical procedures (see below), Transcarent is a "required use" program for high-quality, clinically appropriate care. Participants will pay $0 out of pocket (HSA participants must meet deductible before costs are waived) and receive expert guidance and end-to-end support throughout surgery and recovery.

Required Use Program Surgical Procedures

Spine

- 360 spinal fusion
- Anterior/posterior cervical fusion (ACDF, PCF)
- Anterior/posterior/extreme lumbar interbody fusión (ALIF, PLIF, XLIF)
- Artificial disc replacement
- Decompression laminectomy
- Disectomy/microdisectomy

Bariatric

- Roux-en-Y Gastric Bypass (RYGB)
- Sleeve gastrectomy
- Duodenal Switch (DS) procedure
- Gastric revisions

Orthopedic

Knee

- Arthroscopy
- Knee replacement/revision

Hip

- Arthroscopy
- Hip replacement/revision

Shoulder

- Shoulder replacement/revision
- Rotator cuff repair

Take Advantage of Transcarent Benefits for Other Covered Conditions

In addition to the required surgical procedures listed on the previous page, Blue Cross of Idaho medical plan participants can also take advantage of the Transcarent benefits for other covered conditions and services. Using Transcarent's top-rated facilities for non-emergency surgeries will save money while you receive quality care with low complication, infection and readmission rates. In addition to covering the cost of surgery, travel benefits for you and a companion may be available when you need to travel more than 100 miles for care.

Transcarent Surgery Care At-a-Glance

Covered Conditions and Services

- Certain cancer-related surgeries
- Cardiac care
- Vascular
- General
- Women's health (gynecological)
- Neurologic
- Colonoscopies and endoscopies (see "Priority Access to Colonoscopies and Endoscopies" below)
- Certain orthopedic and spine surgeries not under the Transcarent "required use" program listed above

Benefits Summary

	EPO Network Plan/EPO HP Network Plan	HSA Plan	PPO Plan
Annual deductible	Waived	You must meet the HSA Plan annual deductible ($2,000 associate or $4,000 family) before the plan begins to pay	Waived
Plan pays	100%	100% (after deductible)	100%
Travel benefit	Travel benefits for you and a companion are provided if you are required to travel more than 100 miles from you home. Travel benefits include airfare, hotel and daily meal allowance.		
Contact Information	Contact a Care Coordinator at **888-387-3912** or send an email to surgerycare@transcarent.com		

Priority Access to Colonoscopies and Endoscopies

Diagnostic and preventative colonoscopies and endoscopies are included with Transcarent Surgery Care (only available in areas listed below). Benefits include concierge support and shorter wait times. When you choose Transcarent for your colonoscopy or endoscopy, the cost of your preventive or diagnostic procedure is fully covered, and you pay $0 if you are enrolled under the EPO or PPO plans. If enrolled in the HSA plan, you pay $0 after meeting your deductible.

Colonoscopies and endoscopies from Transcarent Surgery Care providers are available at the following locations:

- **California**: Santa Monica, Temecula
- **Illinois**: Chicago
- **Minnesota**: Chaska
- **Missouri**: Des Peres
- **North Carolina**: Raleigh
- **Texas**: Houston

United Diabetes Management Program

If you are diabetic, you may be eligible to enroll in the United Diabetes Management Program.

Participation in the United Diabetes Management Program involves seven monthly visits with a United Wellness Pharmacist who is specially trained in diabetes medication management. Your pharmacist and physician will work together to evaluate your progress, maximize therapy and improve your health.

Each monthly visit will include a logbook review of your blood sugar values. If you do not currently test your sugar, your pharmacist will help you obtain a blood glucose meter and testing supplies. Fasting lab work measuring A1C, blood pressure and cholesterol will be done at visits one, four and seven. A Wellness Pharmacist will report all test results to your doctor's office, along with suggestions to optimize your therapy.

Medication changes will only be made with approval from your physician. By taking part in this program, you (or eligible family members) can obtain certain generic blood pressure medications, generic cholesterol-lowering drugs such as statins and generic oral diabetes medications from an established list at no cost. The program also includes 100 percent coverage for diabetes supplies (syringes, lancets, pen needles and test strips) for a 30-day supply at a time.

The monthly appointments are required to stay in the Diabetes Management Program. You may even be eligible to continue monthly or quarterly visits after completing the program. Blue Cross of Idaho will pay for your services as part of your benefits—no out-of-pocket costs to you. We look forward to working together to improve your health!

To enroll in the United Diabetes Management Program, please contact the pharmacy call center at **(844) 778-2083**.

PLEASE NOTE: For your first visit, please bring your blood glucose meter, testing supplies, logbook, medications, and remember to fast for at least 10 hours. Drinking water while fasting is encouraged.

SmartShopper®

Save Money on Medical Procedures

Save money and earn cash rewards* with SmartShopper® simply by shopping for the healthcare you need. When you need certain medical services or tests, our experts can help you choose a high-quality location for care. Once your procedure is complete and your claim is paid, if you are eligible, a reward check will be mailed to you.

SmartShopper® can help you:

- Compare costs and quality for numerous common medical procedures
- Use the information provided to help you estimate out-of-pocket costs
- Earn cash* while shopping for care
- Save money and make the most efficient use of your healthcare benefits

* Cash rewards are funded by your employer (and distributed by SmartShopper®), are a taxable form of income, and are subject to applicable tax and wage withholding requirements.

Shop

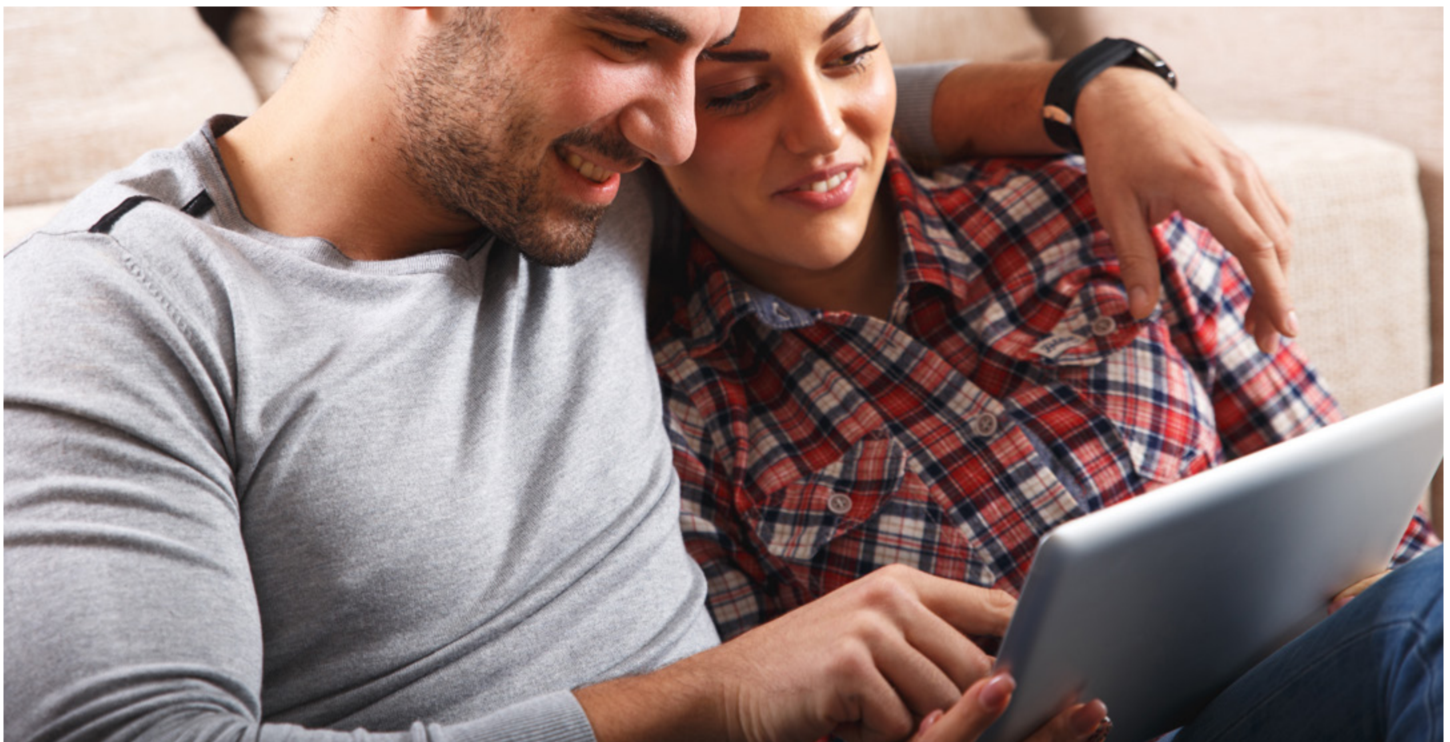
When your doctor recommends a medical test, service, or procedure, call **(866) 507-3528** to speak to a SmartShopper® personal assistant or visit members.bcidaho.com to shop for a lower-cost, high-quality option in your area.

Select

Select the location of your choice with a cash-back option listed. The reward is limited to designated network providers who can perform the requested procedure. (Remember, some services require pre-authorization before you have the service performed. Call Blue Cross of Idaho to see if your procedure requires pre-authorization.)

Earn

Once your SmartShopper® eligible procedure is complete at an eligible location and your claim is paid, a reward check is mailed to your home within 4-6 weeks. No forms. No hassles. It's that easy.



Dental

You have three dental plan options: Delta Dental Basic, Delta Dental Enhanced and Delta Dental Enhanced Plus. Delta Dental is the dental claims administrator for all three options.

Dental Options and Rates

	Delta Dental Basic			Delta Dental Enhanced			Delta Dental Enhanced Plus		
Network*	**PPO**	**Premier**	**Out-of-Network**	**PPO**	**Premier**	**Out-of-Network**	**PPO**	**Premier**	**Out-of-Network**
Deductible • Per person • Maximum per family	$50 $150	$50 $150	$75 $225	$25 $75	$25 $75	$50 $150	$25 $75		
Preventive & Diagnostic Services Examinations, X-rays, teeth cleaning	Plan pays 100%	Plan pays 100%	Plan pays 80%	Plan pays 100%	Plan pays 90%	Plan pays 80%	Plan pays 100%		
Basic Services Fillings, root canals, extractions, minor oral surgery	Plan pays 60%	Plan pays 50%	Plan pays 40%	Plan pays 90%	Plan pays 80%	Plan pays 70%	Plan pays 90%		
Major Services Crowns, onlays, bridges, dentures	Plan pays 10%	Plan pays 10%	Plan pays 0%	Plan pays 60%	Plan pays 50%	Plan pays 40%	Plan pays 60%		
Implants	Plan pays 10%	Plan pays 10%	Plan pays 0%	Plan pays 60%	Plan pays 50%	Plan pays 40%	Plan pays 60%		
Maximum Benefit Per eligible person per benefit year	$500			$2,000			$2,000		
Orthodontic Services Child & Adult	Not a covered benefit			Plan pays 50%			Plan pays 50%		
Maximum Orthodontic Lifetime Benefit Replacement of orthodontic appliance is not covered; waiting period is 12 months for new enrollees. Waiting period is waived for previous Aetna enrollees.	N/A			$3,000			$3,000		

Ask alex

Trying to decide which dental plan option to choose? Talk to ALEX and get a personal recommendation based on your needs and your budget. See page 3 for more on ALEX.

Vision

Vision coverage is offered through VSP. You can see any provider, but if you see an out-of-network provider, the plan will reimburse you up to a certain amount. The **Premier Plan** includes a higher allowance for frames and contacts. You can also receive frames every calendar year with the **Premier Plan** instead of every other calendar year with the **Standard Plan**.

Plan participants are eligible for a variety of savings through VSP, including discounts on additional pairs of eyeglasses, sunglasses and LASIK surgery.

	Standard Plan	Premier Plan
Preventive exam	You pay $0 every calendar year	You pay $20 every calendar year
Prescription glasses	$15 copay	$15 copay
Frames allowance	$155 20% savings on the amount of allowance	$200 20% savings on the amount of allowance
Frames frequency	Every other calendar year	Every calendar year
Lens type Every calendar year	Single vision, lined bifocal, lined trifocal, standard progressive lenses, impact-resistant lenses for dependent children	Standard plan lens coverage + Tints and photochromic
Contacts allowance* (instead of glasses) Every calendar year	$145 allowance for contact lenses and contact lens fitting and evaluation exam. Copay does not apply.	$175 allowance for contact lenses; copay does not apply. Contact lens fitting and evaluation exam covered in full with a not to exceed $60 copay.

* Contact lens exam includes fitting and evaluation.

Need to find a VSP vision provider?

Contact VSP at www.vsp.com
or call **800-877-7195**

Ask alex

Trying to decide whether the Standard Plan or Premier Plan is right for you? Talk to ALEX to discuss your options and get a personal recommendation based on your needs and your budget. See page 3 for step-by-step instructions to get started with ALEX.

VSP KidsCare Plan

Included with both vision plans — provides children up to age 26 with two eye exams, one pair of glasses and replacement lenses once per calendar year.

2024 Team Member Contributions

Medical

Coverage Election	EPO Plan	HSA Plan	PPO Plan
Employee Only	$10.20	$18.95	$25.32
Employee + Spouse	$86.70	$64.18	$131.19
Employee + Child(ren)	$30.60	$39.87	$61.97
Employee + Family	$122.40	$83.25	$164.61

Dental

Coverage Election	Delta Dental Basic Plan	Delta Dental Enhanced Plan	Delta Dental Enhanced Plus Plan
Employee Only	$1.93	$5.34	$7.17
Employee + Spouse	$6.61	$13.77	$18.08
Employee + Child(ren)	$5.76	$12.24	$14.91
Employee + Family	$10.45	$20.68	$26.50

Vision

Coverage Election	VSP Vision Standard	VSP Vision Premier
Employee Only	$1.13	$1.84
Employee + Spouse	$2.26	$3.67
Employee + Child(ren)	$2.52	$4.10
Employee + Family	$4.03	$6.54

Tax Savings Accounts

Your money with superpowers

Health Savings Account

The Benefits of an HSA

If you enroll in the HSA Plan, you may be eligible to contribute to a Health Savings Account (HSA). An HSA has several advantages:

Tax savings[1]: Money you contribute to your HSA has a triple tax advantage: it goes in tax-free, comes out tax-free (as long as you use it to pay for eligible healthcare expenses), and grows tax-free: you can invest it in mutual funds (no minimum account balance required), just like you do in a 401(k), and any earnings are tax-free.

Flexibility. It's up to you how much to contribute (up to IRS limits) and when you want to use the money in your HSA. You can use it to pay for eligible healthcare expenses now or in the future — including in retirement. Money you don't spend by year-end stays in your HSA and rolls over year to year, just like a regular savings account, and continues to build with interest. There's no "use it or lose it" rule.

Ownership. Your HSA is yours to keep, even if you later decide to enroll in a medical plan without an HSA or if you leave Albertsons or retire. You can continue to use it to pay healthcare expenses now or in the future. You always own 100% of your HSA.

[1] Contributions are exempt from federal and state income tax and Social Security tax in all states except California and New Jersey, where state income tax applies. Earnings on investments are generally tax-free. Use of HSA funds is tax-free as long you use the account for qualified healthcare expenses — see IRS Publication 969.

HSA Eligibility

To contribute to an HSA, the IRS requires you to meet certain eligibility criteria:

- You must be enrolled in the HSA Plan.
- You cannot be enrolled in Medicare, Tricare or in any other non-high-deductible health plan (such as your spouse or domestic partner's health plan).
- You cannot be participating in a general purpose FSA, including one through your spouse's employer.
- You cannot be claimed as a dependent on another person's tax return.

Note: If your HSA eligibility changes during 2024, you are responsible for stopping your HSA contributions for the remainder of the year by accessing the online enrollment system.

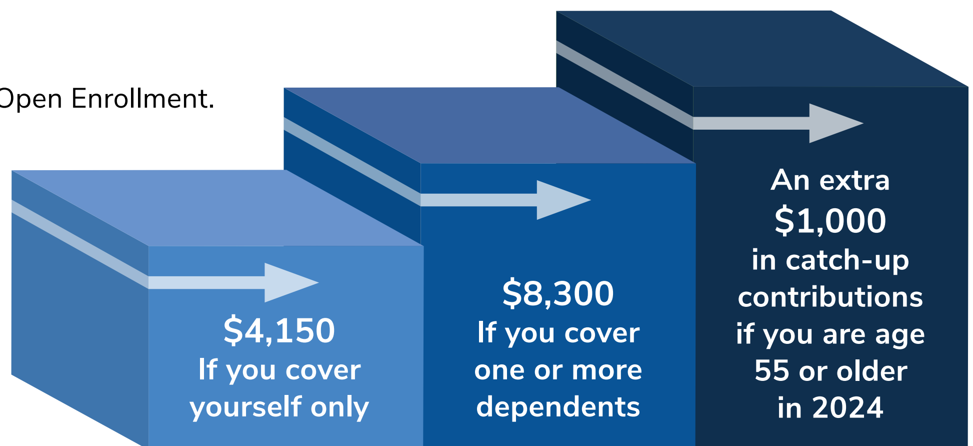
Ask alex

Wondering how a health savings account (HSA) works, and what it can be used for? ALEX can explain how an HSA works and how it can save you money when you use your HSA for eligible expenses. See page 3 to start a conversation with ALEX.

Grow Your HSA

Elect your HSA contributions during Open Enrollment. Keep the IRS[1] annual limits in mind. In 2024, you can contribute up to:

1. If you contribute additional funds to your HSA outside of Albertsons payroll deductions and/or your spouse contributes to an HSA, your combined contributions cannot exceed the IRS limit.



Use Your HSA for the Everyday

You can use your HSA for your own healthcare expenses and those of your qualified tax dependents (such as your spouse and your eligible children up to age 19, or age 24 if a full-time student), even if they're not enrolled in an Albertsons medical plan.

Medical deductibles and expenses

Prescription drugs

Office visit copays and coinsurance

Over-the-counter supplies such as bandages and contact lens solution

Dental deductibles and eligible expenses

Vision expenses such as eye exams, glasses and contacts.

Fidelity is the HSA Administrator

If you enroll in the HSA Plan for medical and set up an HSA contribution amount at the time of enrollment, you will receive an email from Fidelity with instructions on how to activate your HSA on the Fidelity website or on the Fidelity mobile app.

Flexible Spending Accounts

Flexible Spending Account (FSA) partner—Navia Benefit Solutions—offers a great program and a mobile app, MyNavia, to help you manage your FSA benefits. When registering online, enter the company code: **UNF**.

Healthcare FSA

Participating in the FSA has two major advantages.

1. The federal government takes about 30% of each dollar you earn in taxes. You take home 70% of your check. When you use an FSA, you set aside money before it is taxed, so you spend the entire 100% of your earned income on your health expenses. You take home more money.
2. Your annual election amount is evenly deducted pre-tax from your paycheck throughout the year. But, you have access to the full amount elected on your benefits effective date. Why is this important? Many healthcare providers require money upfront before services are performed. You have access to your money to help pay for your deductible expenses, out-of-pocket expenses, prescriptions, dental expenses and other expenses that are not cosmetic in nature.

When determining the amount of your deductions, it is important to estimate your future healthcare expenses. Be careful to only contribute to the plan for expenses that you know you will have between January 1 and December 31. If you contribute to the plan and do not have eligible expenses that are incurred between your benefits effective date and December 31, 2024, you lose the money you contributed. However, The United Family plan offers a carryover feature for unused FSA contributions of up to $610, and any unused health FSA funds will carry over to the January 2024 Plan Year, as long as you enroll. You cannot change your annual election amount after the plan starts unless you have a qualified change in status.

Healthcare Flexible Spending Account	
Annual Maximum Contribution	Up to $3,050 in 2024.
Eligible Expenses	Medical, dental and vision care expenses not paid by your health insurance and on the IRS list of approved expenses.
If You Don't Use It	Unused funds contributed to a healthcare FSA in 2024 of up to $610 can be carried over to 2025 if you enroll in a healthcare FSA in 2025.

Navia offers a Navia Benefits debit card so you can pay a provider directly for qualified health expenses. Be sure to hang on to your receipts in case you have to verify the expense eligibility. If you need to provide a receipt to Navia, you will get an alert on your mobile app or a reminder email.

IRS and HSAs

IRS rules do not allow you to contribute to a healthcare FSA if you or your spouse are contributing to a health savings account (HSA). If you enroll in the HSA Plan and are contributing to a health savings account, you cannot contribute to a healthcare FSA.

Dependent Day Care FSA

Child care can be one of the single largest expenses for a family with children. A Dependent Day Care FSA can be used to pay for your qualified daycare expenses with pre-tax dollars which can save you money. Expenses must be for your dependent children 14 and under, and in some cases elder care, and must be enabling you to work, actively look for work or be a full-time student. Common eligible expenses are child care, preschool, before and after school care, and day camps. Expenses for school tuition and overnight camps are not eligible. The carryover feature does not apply to unused Dependent Day Care FSA funds. You cannot change your annual election amount after the plan starts unless you have a qualifying life event.

Dependent Day Care FSA	
Annual Maximum Contribution	Up to $5,000 in 2024 per married couple filing jointly ($2,500 max for married, filing separately). **Note**: For highly compensated Team Members, the contribution limit may be lower.
Eligible Expenses	Dependent day care expenses that make it possible for you to work.
If You Don't Use It	Any unused funds contributed to a dependent day care FSA in 2024 are forfeited at the end of the 2024 calendar year.

How to Access FSA Funds

- For qualified health expenses, you can pay a provider directly with your Navia Benefits debit card.
- You can submit a Healthcare or Dependent Day Care claim through your smartphone app or online at naviabenefits.com.
- Claim forms can be printed at UnitedFamilyBenefits.com and faxed or submitted via US Postal Service.
- You can sign up for **FlexConnect**, a feature that connects your FSA to your insurance plans and seamlessly creates a claim with the proper documentation directly for the insurance carrier. Go to naviabenefits.com for additional information.

Ask alex

Ever wondered how flexible spending accounts (FSAs) work, and what they can be used for? ALEX can explain FSA basics and how they can save you money when you use them for eligible expenses. See page 3 to start a conversation with ALEX.

The ABCs of HSAs and FSAs

Understanding the difference between the Health Savings Account (HSA) and flexible spending accounts (FSAs)

They may sound alike — and they both help you save money on your taxes — but each account has its own eligibility requirements, features and advantages, as outlined below.

Account Feature	HSA	Healthcare FSA	Dependent Day Care FSA
	These accounts are for healthcare expenses.		
Who can contribute?	Benefits-eligible Team Members enrolled in a high-deductible medical option (unless Medicare-enrolled)[1]	Benefits-eligible Team Members NOT enrolled in a high-deductible medical option	Benefits-eligible Team Members
What are the 2024 contribution limits?	Up to $4,150 for individuals; $8,300 for families	Up to $3,050	Up to $5,000 (up to $2,500 if married and filing separately)
Can I make catch-up contributions?	Yes, up to an additional $1,000 per year if age 55 or older in 2024	No	No
When can I change my contributions?	Anytime	Only during Annual Enrollment or within 31 days of a qualifying life event	Only during Annual Enrollment or within 31 days of a qualifying life event
What types of expenses are eligible?	Medical, prescription drug, dental and vision deductibles, copays and coinsurance[2]	Medical, prescription drug, dental and vision deductibles, copays and coinsurance	Child and adult care so you (and your spouse/domestic partner) can work or go to school
Can I use my account for any other expenses?	Yes, but funds become taxable, plus you pay an additional 20% penalty	No	No
Is there a debit card?	Yes	Yes	No
When can I begin using my account funds?	As soon as they are in your account	The first day of the plan year, up to your annual election amount	As soon as they are in your account
Will my balance roll over to next year?	Yes	You can carry over up to $610 of funds left in your Healthcare FSA in at the end of 2024 to 2025	No
Can I invest my account?	Yes, once your balance reaches $1,000; any earnings are tax-free, if used for eligible expenses	No	No
Can I take my account with me if I leave Albertsons?	Yes	No, unless eligible for continuation through COBRA	No

1) You cannot contribute to an HSA if you are enrolled in another medical plan (even a spouse's/domestic partner's plan) that is not a high-deductible medical plan, enrolled in any part of Medicare, enrolled in a health care FSA (or your spouse's/domestic partner's health care FSA) or claimed as a dependent on someone else's federal income tax return.

2) In addition to eligible health care expenses, HSA funds can be used tax-free to pay for retiree health insurance premiums (except Medicare supplement plans).

Financial Protection

Enjoy peace of mind and long-term savings

Life Insurance/AD&D Coverage

Term Life Insurance

The Hartford provides our term life insurance policies (Group #681852).

Benefit	Team Member Term Life Insurance
The United Family-paid Basic Life	2X your base annual salary rounded to higher $1,000 up to a maximum amount of $2,000,000
The United Family-paid Basic Accidental Death and Dismemberment (AD&D)	0.5X annual base salary up to $1,000,000
Optional Team Member paid Optional Life	1X to 8X annual base salary, up to $2,000,000 (up to $3,000,000 combined basic life + optional life) **Guaranteed issue amount**: Lesser of 3X annual base salary or $1,000,000
Optional Team Member paid AD&D	1X to 10X annual base salary, up to $2,000,000
Optional Family Accidental Death and Dismemberment (AD&D)	**Spouse only**: 75% of team member AD&D coverage **Child only**: 20% of team member AD&D coverage **Family**: 70% of team member AD&D coverage
Optional Spouse Life	$10,000 to $500,000 in $10,000 increments You must elect optional life for yourself in order to cover your spouse/domestic partner **Guaranteed issue amount**: $50,000
Optional Child Life (up to age 26)	$5,000 to $20,000 in $5,000 increments You must elect coverage for yourself in order to cover your child(ren) **Guaranteed issue amount**: $20,000
Age Reductions	Only the Basic Life and Accidental Death and Dismemberment (AD&D) reduces Age 65-69: 65%; Age 70-74: 45%; Age 75-79: 30%; Age 80 and over: 20% Voluntary life and AD&D and Spouse Life insurances do not reduce due to age
Waiver of Premium if Totally Disabled	Applies only to optional life insurance
Conversion after leaving The United Family	60 days from end of coverage
Portability after leaving The United Family	60 days from end of coverage, Basic Life, Basic AD&D, Optional Life, Spouse Life, and Child Life can be continued if you leave employment under the age of 80 and insured for 12 consecutive months – the voluntary AD&D cannot be continued
Initial Enrollment Guaranteed Issue Amount	**Optional life - team member**: lesser of 3x annual base salary or $1,000,000 **Optional life - spouse**: up to $50,000

Evidence of Insurability (EOI)

Evidence of Insurability (EOI) is a medical questionnaire used by life insurance companies to determine approval for life insurance. During your initial enrollment as a newly Full-Time Team Member, guaranteed initial amounts (as defined in the table above) are not subjected to an EOI. If you do not enroll during your initial enrollment period and choose to enroll at a later date, an EOI must be completed. The Hartford will send you an EOI form to complete. Any health information or reason for denial will not be shared with United Supermarkets.

Farmers Auto & Home Insurance

Farmers provides special group discounts on auto and home insurance through payroll deduction. There are many policies available including renter's insurance, condo, motorcycle and RV coverage. You can save with a discount for years of service with The United Family, being a good driver and if you have multiple policies. Farmers provides excellent benefits such as replacement price if your new car is totaled within the first year or up to 15,000 miles (whichever comes first). If your tires, battery or shocks are damaged in an accident, you get brand-new parts, with no deduction for depreciation.

Team Members must have one year of full-time service to enjoy the Farmers special savings. Get a free price quote by calling **888-327-6335**.

Choose Your Beneficiaries

It's important to designate beneficiaries to ensure your life insurance benefits go to the people you want if something were to happen to you. Access the online enrollment system to add or change your beneficiaries. Go to UnitedFamilyBenefits.com, then follow the instructions link on the homepage in order to login.

Disability Insurance

Disability insurance ensures that you have a financial safety net in place should you become unable to work. Short-term disability insurance is paid by Albertsons. You pay the cost for long-term disability insurance if you elect this coverage.

	Short-Term Disability	Long-Term Disability
Benefit Amount	Following elimination period, 100% of eligible pay for 6 weeks; 60% of eligible pay for 19 additional weeks	60% of base pay + bonus up to $25,000 per month
Benefits Begin	After 7-day elimination period	After a 180-day elimination period
Benefits Period	Maximum of 26 weeks (including elimination period)	Benefits continue until • You are no longer considered disabled; or • Social Security Normal Retirement Age
Who Pays for Coverage?	United	You if you elect this coverage

Evidence of Insurability for Long-Term Disability Insurance

If you did not enroll in long-term disability coverage when you first became eligible, you will be asked to provide evidence of insurability (EOI). Coverage will not take effect until the insurance company has reviewed and approved your completed EOI.

Unum Voluntary Plans

For an additional layer of financial protection, you can enroll in Unum accident, critical illness and hospital indemnity insurance. You do not need to be enrolled in a Company-sponsored medical plan, and these plans do not replace your medical insurance — they supplement it. Coverage is available for you, your spouse/domestic partner and your children.

Unum Voluntary Insurance Plans At-a-Glance

	Accident Insurance	Critical Illness Insurance	Hospital Indemnity Insurance
How It Protects You	Provides financial support if you or a covered family member suffers an injury or death due to an accident	Provides financial support if you or a covered family member becomes seriously ill	Provides support if you or a covered family member needs to be hospitalized
Covered Events	• Fractures • Dislocations • Burns • Eye injuries • Lacerations • Coma	• Cancer • Heart attack • Stroke • Kidney failure • Coronary artery bypass surgery • Major organ transplant	• Hospital admission and stays • ICU confinement
What You Receive	Amount depends on the injury and level of care you need	A percentage of the elected face amount. Options available are $5,000, $10,000. $15,000, $20,000, $25,000, $30,000. Spouse coverage must be less or equal to team member coverage. Children covered automatically 50% of team member amount	Amount depends on the event. A flat amount is usually paid for a hospital admission ($1,000) and a per-day amount ($100) for your entire hospital stay
Additional Benefits	BeWellness Credit - $50 per family member	BeWellness Credit - $50 per family member	BeWellness Credit - $50 per family member

What You Can Use the Money For

You can use the cash benefit paid to you in each plan however you wish. Common expenses include:

- Deductibles and copays
- Treatments and services not covered by your medical plan
- Out-of-network coverage
- Gas, groceries, bills, mortgage/rent payments and other living expenses

UnumProvident Corporation

Visit unum.com

Call **(800) 635-5597**

Not a Replacement for Medical Coverage

These plans have limitations and exclusions, and they DO NOT replace your medical plan. For more information, go to UnitedFamilyBenefits.com.

Pet Benefits

MetLife Pet Insurance

You can't always prevent your pet's accidents or illnesses, but you can prepare for them. MetLife pet insurance makes it easy and affordable to get your furry friends covered. Get a 10% discount as a United Team Member and take advantage of benefits like:

- **A plan for every budget**. Customize your deductible, reimbursement percentage and annual coverage limit for your dog or cat to fit your financial needs.
- **Visit any vet.** Stay with your trusted vet, or visit a new vet, specialist or emergency facility in the U.S.
- **Easy claims submission 24/7**. MetLife's pet mobile app makes it easy to submit and track claims and manage your pet's health and wellness. Claims can also be filed on the MetLife MyBenefits web portal.
- **Optional preventive care coverage**. You can save money on routine vet services your pet should receive each year to stay healthy.
- **Access to additional discounts and offers on pet care**. (May not be available in all states.)

Get a Quote for Pet Insurance or Enroll Today

Visit www.metlife.com/albertsons.

Call **1-800-GET-MET8**

Voluntary pet insurance is available to all Albertsons associates. You can enroll directly through MetLife and pay monthly premiums via debit or credit card. This voluntary benefit does not offer premium payment through payroll deduction.

Retirement

Plan for an amazing future

401(k) Plan

The 401(k) Plan is a great place to start building long-term financial security.

Eligibility

You are immediately eligible to participate in the Plan if you are at least 21 years of age and part of an eligible group of Team Members as defined by the Plan. Refer to the Summary Plan Description for detailed information.

Your Contributions

You can contribute from 1% to 75% of your eligible pay as pre-tax or Roth contributions, or a combination, up to the annual IRS dollar limits.

A Roth contribution to your Plan allows you to make after-tax contributions and take any Team Memberd earnings completely tax-free at retirement, if the distribution is a qualified one. A qualified distribution, in this case, is one that is taken at least five tax years after your first Roth 401(k) contribution and after you have attained age 59 1⁄2, or become disabled or die.

The maximum contribution you can make to your 401(k) Plan in 2024 is $22,500.

If you have reached age 50 or will reach 50 during the calendar year Jan. 1 - Dec. 31, 2024, you may make an additional $7,500 “catch-up” contribution in 2024.

How to Enroll

You can enroll on Fidelity NetBenefits® at netbenefits.com or call a Fidelity representative at 866-956-3433. To use the EasyEnroll feature and enroll in the Plan in just 60 seconds, go to netbenefits.com/easy.

Discretionary Company Matching Contribution

The United Family may make an annual discretionary contribution to your Plan account. You may receive a percentage of each dollar you contribute up to 7% of eligible pay. Details are provided each year.

You are eligible to receive the matching contribution after completing 1000 hours of service as of your one-year anniversary or as of the end of the next plan year. You must also be employed at the end of each plan year. Some exceptions apply; refer to the Summary Plan Description (SPD) for details.

Only contributions made AFTER meeting match requirements are eligible to receive a match contribution.

Team Members covered under a collective bargaining agreement may be subject to an alternative matching contribution formula. Please see your union representative for details.

Vesting

Vesting means you gradually gain a percentage of the Company’s contributions to your account (see table below). The money you contribute is always 100 percent yours, but you must be fully vested to claim all the Company’s contributions. Refer to the Summary Plan Description for detailed information.

Years of Service	Percentage Vested
0-2	0%
2	50%
3 or more	100%

Investments

You can select a mix of investment options that best suit your goals, time horizon, and risk tolerance. Descriptions of the Plan’s investment options and their performance are available online at netbenefits.com.

Discretionary Matching Contribution Example

John is 34 years old and was hired on July 8, 2020, with a $65,000 annual salary. John worked more than 1,000 hours by his first anniversary making his 401(k) plan contributions after July 8, 2021, eligible for a discretionary Company match. The discretionary Company match for 2021 is 50% of the first 7% of annual eligible earnings a Team Member contributes to the 401(k) plan once they meet eligibility requirements.

Step	Details
STEP 1 John starts contributing to the 401(k)	Starting the first week in January 2021, John contributes 10% of his weekly earnings ($125) to the 401(k) plan.
STEP 2 John became eligible for discretionary match contribution	John became eligible for a discretionary Company match contribution on July 8, 2021.
STEP 3 Week remaining in first year of eligibility for match	There are 25 weeks remaining in 2021 that are eligible for a Company match. The discretionary match contribution is based on John's earnings and 401(k) contributions **after** meeting the match eligibility requirement.
STEP 4 John's Company match contribution calculation	The contributions John made after July 8, 2021 are eligible for the Company match. • $65,000 / 52 = $1,250 weekly earnings • $1,250 x 25 weeks = $31,250 (John's eligible earnings) • 7% of $31,250 = $2,187.50 • $2,187.50 x 50% = $1,093.75 Company match contribution
STEP 5 John's total saved in the 401(k) in 2021	• $125 X 52 = $6,500 John's 401(k) contribution • $1,093.75 Company match contribution • $6,500 +$1,093.75 = $7,593.75

Work-Life

Balancing your personal and professional lives

Contact the EAP

- EAP website: guidanceresources.com
  Company code: **ALBERTSONSCOMPANIES**
- Telephone: 877-294-3271

Employee Assistance Program (EAP)

Life can be challenging at times. The Employee Assistance Program (EAP) is here to help. You and your family members can get up to three confidential counseling sessions by phone or in person per issue per year — for free through the EAP.

Who Is Eligible?

The EAP is available to all benefits-eligible Team Members and their household members.

Why Is the EAP Important?

We can all use some help from time to time. You may have supportive friends and family, but an objective, trained support professional can often provide the kind of unbiased assistance your loved ones can't. A confidential conversation with the right person can be just what you need to start feeling better.

Highlights

- Assistance with mental health issues, stress management, work-life balance, financial and legal matters, and more.
- Convenient, reliable support that's completely confidential.
- Get referrals to resources and services to help you manage everyday tasks and simplify your life.

The EAP is provided through ComPsych EAP. EAP counselors are trained support professionals and are available 24/7.

The Guidance Resources website provides information, tools and support.

myStrength — Evidence-Based Programs for Emotional Support

myStrength's web and mobile tools address topics such as depression, anxiety, stress, managing chronic pain, alcohol and drug recovery, nicotine recovery, pregnancy and early parenting, relationships, grief, suicide, caregiving, physical fitness, healthy eating and more.

myStrength Delivers Support Designed Specifically for You

- Personalized plan to start getting support, customized to your preferences
- Recommended activities and content based on your ongoing needs
- 24/7 access online or via our mobile app

After you have set up your account on the myStrength website and completed the myStrength assessment, download the myStrength by Teladoc Health app from the App Store or Google Play.

Need help? Call Member Support at 800-945-4355.

Live Your Healthiest Life

Get free, confidential mental health support through myStrength.

Get Started with myStrength

1) Go to https://mystrength.com/join.
2) Click Join Now and fill in your name and date of birth and check the box to accept the Terms of Service. NOTE: myStrength and Livongo are subsidiaries of Teladoc Health and you might see references to Livongo and Teladoc Health throughout the registration process.
3) Follow the prompts, then add your email address and a password.
4) For registration code, use **ALBERTSONSCOMPANIES**. Then, follow the prompts to finish setting your account.
5) Complete the myStrength assessment.

RethinkCare — Help for Learning, Social and Behavioral Challenges

RethinkCare is a first-of-its-kind program that supports parents and caregivers of children with learning, social or developmental disabilities by helping them with skill building, care coordination and positive reinforcement. The program is provided at no cost to benefits-eligible Team Members when they access the benefit.

Parents can take advantage of live tele-consultation with behavioral health experts to answer questions and provide guidance. Tele-consultations can take place over the phone or via video chat, day or night, weekday or weekend. Common tele-consultation topics include:

- Teaching new skills
- Addressing problem behaviors at home
- Troubleshooting lack of progress
- Collaborating with school and other providers
- Coping with the stress of a new diagnosis or ongoing daily struggles at home
- Getting the most out of the Rethink platform

All consultations are confidential and HIPAA compliant. More information about RethinkCare is available at UnitedFamilyBenefits.com.

Get Started with RethinkCare

1) Go to https://connect.rethinkcare.com/sponsor/albertsons.
2) Enter the Enrollment Code: **ALBERTSONSCOMPANIES**.
3. Select your Region and State.
4. Create a User Name, fill in the remaining personal information, select how you heard about the program, and create and verify a password.
5. You will receive an email. Please click the verification link in that email.

Have questions or need assistance?
Call 800-714-9285

United We Care

United We Care is a special emergency fund created to assist Team Members when unexpected serious events occur — such as sudden medical costs, accidents, or traumatic events.

As a Team Member, you have the opportunity to donate $1 or more out of your paycheck every week. This is an amount that you will hardly miss, but enough to make a huge difference in someone's life. Because United We Care is a non-profit, your donations are tax deductible.

To apply for assistance, you must be a United Family Team Member for at least 6 months. For questions, or to request an application, you may call the Program Manager at **(888) 791-0220**.

Purchasing Power

Through Purchasing Power, you may purchase brand-name computers, TVs and video equipment, electronics, home appliances, fitness equipment, furniture and other items through the ease of payroll deduction. With no credit check, no down payment and a 12-month payment plan, buying life-enhancing products is simple and economical.

To make purchases, you must be at least 18 years of age and earn an annual salary of at least $16,000. You must also have a bank account or credit card to be used in case of non-payment by payroll deduction.

Steps to utilizing Purchasing Power as a United Team Member:

Go to: www.purchasingpower.com | Create an Online Profile | Use Group Code: **USM2237**

View Catalog | Select Items to Buy | Purchase Items

Items Deliver to Your Home | Payments Drawn From Your Paycheck

Contact Purchasing Power's customer service team at **(888) 923-6236** for 24-hour web support.

College Savings Plan

United College Savings Plan allows Team Members to contribute weekly through payroll deduction to a savings account intended for furthering their education. The United Family matches contributions up to $1,000 a year. Team Members will be 100% vested after one year of continuous service. To learn more and apply today, contact Talent Management at **(888) 791-0220**.

Team Perks

Receive a discount on store brand products, bakery, floral items (where available), food service items and Starbucks, as well as stay up to date with the latest news!

- Sign up for team perks today!
- Scan to sign up or learn more
- Enjoy 10% off Starbucks, food service, bakery, floray and exclusive brands

Legal Notices

General Notice of COBRA Continuation Coverage Rights

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."

When Is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying e vent has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

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 60 days after the qualifying event occurs. You must provide this notice to: Team Member Benefits Department, United Supermarkets. Please complete a "life event" when logging into www.unitedfamilybenefits.com with the effective date of the event (birth, marriage, divorce, etc.) We need a copy of the birth certificate if adding a baby, or proof of loss of coverage within 60 days if adding a dependent, or a copy of the marriage certificate or divorce decree if applicable. The fax number is **(806) 791-6341**.

General Notice of Cobra Continuation Coverage Rights (continued)

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. Documentation should be sent to the Team Member Benefits Department at 7830 Orlando Ave. or faxed to **(806) 791-6341**. Please contact the Team Member Benefits Department for additional information at **(806) 791-0220**.

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, Medicaid, 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.

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/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

United Supermarkets
Attn: Benefits Department
7830 Orlando Ave.
Lubbock, TX 79423
(806) 791-0220

Legal Notices

The following are legal notices The United Family is required to provide:

- Notice of Health Insurance Portability and Accountability Act (HIPAA) Special Enrollment Rights
- Availability of Notice of Privacy Practices
- Women's Health and Cancer Rights Act of 1998

Please review and keep these notices, with your enrollment guide, for reference throughout the year.

Additional legal notices are available online in the enrollment system for review and/or printing, including:

- Medicare Part D Creditable Coverage
- Children's Health Insurance Program (CHIP)

Notice of Health Insurance Portability & Accountability Act (HIPAA) Special Enrollment Rights

If you do not enroll yourself, your spouse or your dependents when first eligible under The United Family Medical Plan because of other health coverage, you may be eligible to enroll in The United Family Medical Plan without waiting for the next open enrollment.

If the other coverage was COBRA coverage, special enrollment will be available only if the coverage is lost because the COBRA rights are exhausted (but not, for example, if you, your spouse or dependents simply stop paying premiums).

If the other coverage is non-COBRA coverage, special enrollment will be available if the employer sponsoring the other coverage stops contributing towards that coverage, or if coverage ends because of a loss of eligibility (by, for example, legal separation, divorce or loss of dependent status). Losing coverage for other reasons, including failure to pay premiums and for cause, such as for filing a false claim for benefits, will not entitle you to special enrollment.

Special enrollment must be requested within 60 days after your, your spouse's or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you are participating in The United Family Medical Plan and during the year you acquire a new dependent by birth, marriage, adoption, or placement for adoption, your dependent will be eligible for special enrollment.

If you are not participating in the Plan, but are eligible to do so, and during the year you acquire a new dependent by birth, marriage, adoption, or placement for adoption, you, your spouse and your dependents may be eligible for special enrollment. You could enroll without enrolling your spouse and dependent children, or you and your spouse could enroll without enrolling your dependent children. But your spouse or dependent children may not enroll if you do not enroll.

The United Family Medical Plan will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you or your dependent are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP

For these enrollment opportunities, you will have 60 days from the date of the Medicaid/CHIP eligibility change to request enrollment in the plan. Note: This new 60-day extension applies to enrollment opportunities for newborns and adoption. To request special enrollment or to learn more, go to www.unitedfamilybenefits.com, or contact the Benefits Department at (888) 791-0220.

Availability of Notice of Privacy Practices

As required by regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Albertson's LLC Health & Welfare Plans maintain a Notice of Privacy Practices that describes how the Plans may use and disclose your protected health information and summarizes your rights with respect to that information, including how you may obtain access to it. A copy of the most current notice is posted in the offices of The United Family LLC and is available on the website, **www.unitedfamilybenefits.com**.

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires all health plans to cover reconstructive surgery following a mastectomy. Your medical plan currently covers reconstructive surgery; however, the law mandates that we provide you with this notice.

Coverage for Reconstructive Surgery Following Mastectomy

When a covered individual receives benefits for a mastectomy and decides to have breast reconstruction, based on a consultation between the attending physician and the patient, the health plan must cover:

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

All applicable benefit provisions still apply, including existing deductibles, copays and/or coinsurance.

If you have any questions about your medical plan, please call the number on your medical I.D. card to speak with a Member Services or Customer Service Representative.

Key Contacts

Important resources and contact information

Key Contacts

Contact	Website	Telephone
Benefits Enrollment/General Benefits Information	unitedfamilybenefits.com	888-791-0220
Medical		
Blue Cross of Idaho Customer Service	members.bcidaho.com	855-854-1412
Blue Cross of Idaho Nurseline	members.bcidaho.com	855-854-1412
Transcarent Surgery Care	www.transcarent.com/surgery-care	888-387-3912
Blue Distinction Centers	www.bcbs.com/blue-distinction-center-finder	855-854-1412
United Diabetes Management Program		844-778-2083
SmartShopper	members.bcidaho.com	866-507-3528
Teladoc	teladoc.com	800-835-2362
Health Savings Account		
Fidelity	netbenefits.com	866-956-3433
Pharmacy		
MedImpact	www.medimpact.com	888-402-1984
Dental & Vision		
Delta Dental of Idaho	deltadentalid.com	800-356-7586
Vision Service Plan (VSP)	vsp.com	800-877-7195
Flexible Spending Accounts		
Navia Benefit Solutions	naviabenefits.com	800-669-3539
Life and AD&D Insurance		
The Hartford (Plan #681852)	abilityadvantage.thehartford.com	888-755-1503
Disability—Short-Term and Long-Term		
The Hartford (Policy #697770)	abilityadvantage.thehartford.com	855-532-7881
Voluntary Benefits		
Accident Insurance Unum	unum.com	800-635-5597
Critical Illness Unum	unum.com	800-635-5597
Hospital Indemnity Unum	unum.com	800-635-5597
Employee Assistance Program		
ComPsych	guidanceresources.com	877-294-3271
Emotional Wellbeing		
myStrength — digital program to improve emotional health	mystrength.com/join	800-945-4355
Help for Parents with Children with Learning, Social or Behavioral Challenges		
RethinkCare	connect.rethinkcare.com/sponsor/team-search	800-714-9285
401(k) Savings Plan		
Fidelity (Plan# 99811)	netbenefits.com	866-956-3433
Pet Insurance		
Metlife	www.metlife.com/albertsons	800-438-6388

This document is part of the “Benefit Program Material” for the 2024 Plan Year. The terms of the Benefit Program Material are incorporated by reference as part of the Plan to the extent set forth in the Plan document. The terms of this Benefit Program Material do not control to the extent those terms conflict with the terms of any applicable Summary Plan Description, Summary of Material Modifications, Evidence of Coverage or the Plan document. This document is not intended to extend any right to benefits except as provided under the Plan.

The United Family