

Understanding Your Health Benefits and Options

2025 Annual Open Enrollment Guide



Important Notice

During this Open Enrollment, we will be switching to a new benefits enrollment system through Fidelity NetBenefits.

Introducing an improved benefits experience.

Welcome to Fidelity NetBenefits.

Fidelity NetBenefits is a self-service tool that will give Team Members the ability to select benefit plans electronically, eliminating the need for paper forms. You will enjoy an improved benefits experience, a more integrated level of support, and access to Fidelity's innovative products and services.

You will use NetBenefits to enroll in medical, dental, vision plans; optional AD&D, dependent optional life insurance for children, and LTD. Check your benefits guide for details. **If you take no action your current coverage will NOT roll over for 2025.**

**Questions about the new enrollment platform?
Contact Fidelity at 1 800 835-5097.**

What does this mean for Open Enrollment?

Transitioning to Fidelity NetBenefits means this will be an **ACTIVE** enrollment. **ALL TEAM MEMBERS must enroll online for their 2025 benefits.** Regardless of whether you will or not be making any changes, or enrolling for the first time, you must enroll online at **netbenefits.fidelity.com**. This also means paper forms will no longer be accepted. There will be no exceptions.



Open Enrollment 2025

As a Price Rite Team Member, understanding your options is the first step to making a decision for the next calendar year.

What: Open Enrollment is upon us once again. This is your annual opportunity to review your current benefit plans and make any changes for the upcoming year.

Who: Non-union full-time Price Rite Team Members who are eligible for benefits. If this is your first year enrolling, please take the time to review your options to ensure you are making the best choice for you and your family. If you are currently enrolled, it's always a good practice to review and confirm your information. If you choose not to take action, your current coverage elections will NOT roll over into the next year.

When: Open Enrollment begins **Wednesday, October 30, 2024, and ends at midnight on Wednesday, November 20, 2024.**

How: During this Open Enrollment, we will be switching to a new benefits enrollment system through Fidelity NetBenefits. Fidelity NetBenefits is a self-service tool that will give Team Members the ability to select benefit plans electronically, eliminating the need for paper forms. You will enjoy an improved benefits experience, a more integrated level of support, and access to Fidelity's innovative products and services. This also means paper forms will no longer be accepted. There will be no exceptions.

Before you enroll

Understand your benefit options

- Review your enrollment materials and Summary of Benefits and Coverage (SBCs) on your benefits website.
- Consider your benefit needs and compare your options for 2025.
- Contact your Benefits Administrator if you have any questions.

Make your benefit decisions

- Choose your benefits carefully.
- Decide if you want to add or delete dependents from your coverage. If you're adding a dependent for the first time, you are required to provide dependent documentation, such as a marriage certificate and/or a birth certificate.
- Review your life insurance needs and update your beneficiary designation, if changes are necessary.
- Review your LTD needs and update your tax election, if changes are necessary.

Complete your enrollment online by **November 20, 2024:**

Transitioning to Fidelity NetBenefits means this will be an ACTIVE enrollment. ALL TEAM MEMBERS must enroll online for their 2025 benefits. Regardless of whether you will or not be making any changes, or enrolling for the first time, you must enroll online at netbenefits.fidelity.com.

If you do not elect to make any changes by **November 20, 2024:**

You will use NetBenefits to enroll in medical, dental, vision plans; optional AD&D, dependent optional life insurance for children, and LTD. If you take no action your current coverage will NOT roll over for 2025.

Important note about verification

Existing dependents will not need to be re-verified; required supporting documentation will not be requested. You will be prompted to select dependents from a list. Please be advised that you will see all dependents (current and previous), so please ensure to only select those that you wish to cover.

Who Is Eligible?

The Price Rite benefit plans described in this guide are available to full-time, non-union Team Members and their eligible dependents.

Your eligible dependents include:

- Your spouse to whom you are legally married
- Your same sex domestic partner (contact your Benefits Administrator for more details)
- Your dependent child(ren) until the end of the month he/she turns age 26. For example, if your child was born March 2, 1999, your child is eligible for medical, dental, and vision coverage until March 31, 2025.
- Eligible dependent child(ren):
 - Does not need to be a full-time student
 - Is not required to live with you
 - Does not need to be an eligible dependent on the parent's tax return
 - May be married or unmarried (your child's spouse and children are not eligible)
- Your unmarried children of any age who are permanently and totally disabled physically or mentally for whom you provide financial support. You must periodically provide medical documentation of such disability.

Individuals Eligible for Medicare

If you have Medicare, or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please refer to the Notice of Creditable Coverage & Medicare Part D information located in the Legal Notices on your benefits website.

Individuals Not Eligible for Price Rite Medical Coverage

If you have a qualifying event and are offered continued coverage through COBRA, you may want to consider buying an individual health insurance plan through your state's Marketplace. The Marketplace may offer you additional choices to better fit your budget and needs.

Notify your Benefits Administrator if You Lose Medicaid/CHIP Eligibility

If you or your dependents lose eligibility for Medicaid or the Children's Health Insurance Program (CHIP) coverage, or become eligible for a state's premium assistance subsidy under Medicaid or CHIP, you will have 60 days from the date of that Medicaid/eligibility change to request enrollment in a Price Rite medical plan. Please refer to the Legal Notices on your benefits website for more details.

Individuals Planning to Retire or Leave Price Rite

If you are planning to retire, please contact your Benefits Administrator for information about your benefit options.

Who Is Eligible?

After Open Enrollment, you cannot change your elections during the year unless you have a “qualified change in family status”.

Making Changes During the Year

After the Open Enrollment period ends, you cannot change your elections during the year unless you have a “qualified change in family status”. Team Members have up to 30 days of the event. Qualified life events (QLE) are defined by the IRS and include:

- Marriage, divorce or legal separation
- Birth or adoption of a child or placement of a child for adoption
- Death of a dependent
- Child is no longer eligible due to reaching limiting age
- Change in spouse’s employment status that results in a gain or loss of coverage, such as beginning or terminating employment, or changing status from full-time to part-time.

Important Note

If you experience any of the life events mentioned here or if you have questions, please contact your Benefits Administrator.

- The medical plan may include annual deductibles and out-of-pocket maximums for individuals and families. In addition, when you enroll in the Health Care Reimbursement Account (HCRA) Plan, you receive a fund with an amount based on whether you are an individual or family.
- If you change your medical plan election due to a qualified change in family status, your deductibles, out-of-pocket maximums, and HCRA Fund amount (if applicable) are also subject to change based on the specific life event. For example, if you get married and add your spouse, you will change from Single to Family, and your deductibles, out-of-pocket maximums, and HCRA Fund (if applicable) will increase.

Please contact your Benefits Administrator for more information about how this may impact you based on your current election and potential change.

After the Open Enrollment period ends, you cannot change your elections during the year unless you have a “qualified change in family status.”



What's New for 2025?

Introducing an improved benefits experience. Welcome to Fidelity NetBenefits.

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You will use NetBenefits to enroll in medical, dental, vision plans; optional AD&D, dependent optional life insurance for children, and LTD. Check your benefits guide for details. If you take no action your current coverage will NOT roll over for 2025.

Questions about the new enrollment platform?

Contact Fidelity at 1 800 835-5097.

Aetna is the new dental provider for Price Rite.

They are a highly respected carrier with over 60+ years of dental excellence and over 10 million members. Price Rite will offer the same level of care through Aetna. However, there are changes to the plan design. The new annual benefit maximum will be \$2,500. The orthodontic lifetime maximum will also be \$2,500. Since this is an active enrollment, you must take action via Fidelity NetBenefits to make your coverage election. If you do not take action online, your coverage will NOT rollover and will be defaulted to WAIVED.



MetLife is the new provider for Life Insurance and AD&D

Your current Basic and Optional enrollments will be carried over with MetLife. Also during Open Enrollment for the 2025 plan year, you can enroll in Optional Life without EOI, if under guaranteed issuance (up to \$300,000 for a Team Member and up to \$50,000 for spouse).

MetLife is also the new provider for Long Term Disability

If you are currently enrolled, during the annual Open Enrollment period, you have the opportunity to review your current participation in LTD and can make changes to your current LTD tax election. If you chose an after-tax election during the current plan year, this will NOT carry over automatically. Active enrollment on the Fidelity NetBenefits platform is required for the after-tax election.

Continuing for 2025

Get a second opinion from an expert specialist with **2nd.MD**. Feel confident about your medical decisions. As part of your employer provided benefits, you can get an expert second opinion from a leading specialist at no additional cost to you. Connect directly with experts by video from the comfort of home. Ask questions, get answers and feel empowered to make the best healthcare decisions. outcomes.

As a reminder

We encourage you to get additional information about this year's Open Enrollment online at **www.priceritebenefits.com**. On this website, you will also find details on your benefits, Summary of Benefits and Coverage (SBCs), important eligibility, enrollment information, and Legal Notices.

Your Benefit Options

Understanding your options is the first step in making a decision for the next calendar year.

MEDICAL

Your medical plans are offered through Aetna and in-network preventative care is covered at 100%

NETWORKS

For full-time Team Members, when you enroll for medical coverage, you also get to select one of two networks.

PRESCRIPTION DRUGS

When you enroll in one of the medical plans, you also receive prescription drug coverage.

DENTAL

Benefits to help pay for preventive, basic, and major dental services.

VISION

Benefits to help pay for eye exams and glasses/contacts.

WELL-BEING PROGRAMS

An important part of your medical plan is improving long-term health and managing the cost for both our Team Members and Price Rite. That's why we provide programs and resources that encourage healthy actions at no additional cost to you.

LIFE INSURANCE

Price Rite Team Members are eligible for 1.5 times their annualized salary in basic life insurance. Team Members can also purchase additional financial protection for their family at very competitive prices (subject to the insurance company's underwriting requirements).

OPTIONAL LIFE INSURANCE

Optional Life Insurance and AD&D are offered on a Team Member Paid Basis.

SHORT-TERM DISABILITY

Price Rite Team Members are eligible for 100% of their pre-disability weekly earnings for the first 12 weeks. This is subject to the plan's maximum weekly benefit of \$750, and 66-2/3% of their pre-disability weekly earnings for weeks 13-26 to access the required paper Enrollment Form. Once completed, please return the form for processing to Karina Gonzalez (karina.gonzalez-roman@wakefern.com).

LONG-TERM DISABILITY

Benefits that provide a portion of your salary in the event you become disabled and cannot work.



Summary of Benefits and Coverage (SBC)

As part of the Patient Protection and Affordable Care Act (PPACA), SBCs are designed to help you understand and compare the key features of your Price Rite medical plan options. Each includes coverage examples, a glossary of common health insurance terms, and contact information for each medical plan. They are available for all individual plans through the Marketplace. The SBCs for the medical plans available to you can be found on your benefits website.

Your network options

Consider the APCN option. It has a proven track record with excellent outcomes at a lower cost.

When you enroll for medical coverage during Open Enrollment, you'll select your plan (choice of four Aetna plans) and your network (choice of two networks). For all four plans, the network options include:

Aetna Premier Care Network (APCN) Plus is a smaller group of providers chosen from the Aetna Broad network. These providers have a proven track record with excellent health outcomes at a lower cost. If you select this network when you enroll, your weekly contributions will be lower.

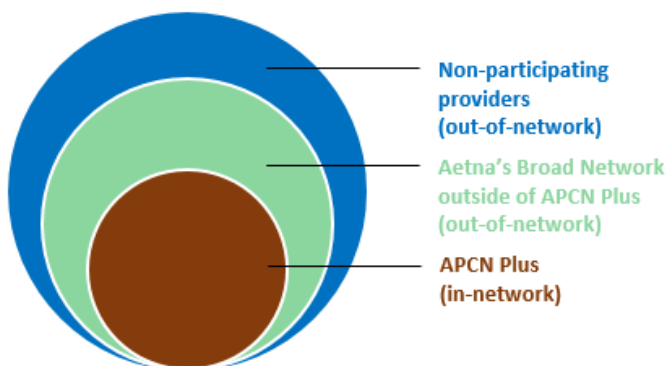
Important: If you choose APCN Plus when you enroll, you must use providers in the APCN Plus network, or benefits will be paid at the out-of-network level (even if you use a provider in the Aetna Broad network).

Aetna Broad Network is all of the providers that participate with Aetna. If you see a non-participating provider, benefits will be paid at the out-of-network level. Your weekly contributions if you choose the Aetna Broad Network will be higher than if you choose APCN Plus.

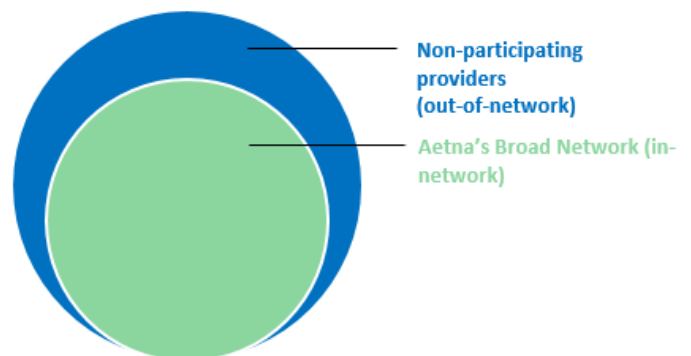
Once you select your network during Open Enrollment, you may not change it until the next year's Open Enrollment.



If you choose **Aetna Premier Care Network (APCN) Plus**



If you choose **Aetna's Broad Network**



How the Plans Work

Your medical plans are offered through Aetna and in-network preventative care is covered at 100%.

Benefits	Basic Managed Care (You Pay)	Managed Care (You Pay)	HCRA Plan (You Pay)	Premium Managed Care (You Pay)
Comparison to Marketplace plans	Bronze	Silver Plus	Gold	Gold Plus
In-network preventative care covered at 100%	Yes	Yes	Yes	Yes
Well-being resources & special programs	Yes	Yes	Yes	Yes
Provider network	Broad or APCN Plus	Broad or APCN Plus	Broad or APCN Plus	Broad or APCN Plus
Use of in- and out-of- network providers	Yes	Yes	Yes	Yes
Must select a Primary Care Physician (PCP)	No	Yes	No	Yes
PCP referrals needed for specialty care	No	Yes	No	Yes
HCRA Funded	No	No	Yes	No
In-network deductible	Yes	Yes	Yes	Yes
Out-of-pocket maximum for in-network care	\$6,500 single \$13,000 family	\$3,000 single \$6,000 family	\$3,750 single \$7,500 family	\$1,500 single \$3,000 family

How the Plans Work

In-network Medical Services

Benefits	Basic Managed Care (Bronze) (You Pay)	Managed Care (Silver Plus) (You Pay)	HCRA Plan (You Pay)	Premium Managed Care (You Pay)
Preventative Services	\$0	\$0	\$0	\$0
Office Visits Primary Care Physician (PCP)/Specialist (SPC)	\$30 PCP copay (after deductible) \$45 SPC (after deductible)	\$25 PCP copay \$40 SPC	Deductible and Coinsurance	\$30 PCP copay \$45 SPC copay
Emergency Room	\$150 copay (after deductible)	\$150 copay	Deductible and Coinsurance	\$150 copay
Urgent Care Facility	\$45 copay (after deductible)	\$40 copay	Deductible and Coinsurance	\$45 copay
Deductible	\$2,750 single \$5,500 family	\$750 single \$1,500 family	\$2,250 single \$4,500 family	\$750 single \$1,500 family
HCRA Fund	N/A	N/A	\$1,500 single \$3,000 family	N/A
Deductible after HCRA Fund	N/A	N/A	\$750 single \$1,500 family	N/A
Coinsurance	35%	10%	10%	10%
Annual Out-of-Pocket Maximum	\$6,500 single \$13,000 family	\$3,000 single \$6,000 family	\$3,750 single \$7,500 family	\$1,500 single \$3,000 family

Note: Prescription drug coverage, described later in this guide, is included in the medical plan. Prescription drug expenses are not subject to the medical plan deductible.

How the Plans Work

Out-of-network Medical Services

Benefits	Basic Managed Care (You Pay)	Managed Care (You Pay)	HCRA Plan (You Pay)	Premium Managed Care (You Pay)
Office Visits and Preventative Care	Deductibles and Coinsurance	Deductibles and Coinsurance	Deductibles and Coinsurance	Deductibles and Coinsurance
Emergency Room	\$150 copay (after deductible)	\$150 copay	Deductibles and Coinsurance	\$150 copay
Deductible	\$7,500 single \$15,000 family	\$1,250 single \$2,500 family	\$4,000 single \$8,000 family	\$1,000 single \$2,000 family
Coinsurance*	50%	30%	40%	40%
Annual Out-of-pocket maximum	\$12,500 single \$25,000 family	\$5,000 single \$10,000 family	\$8,000 single \$16,000 family	\$4,500 single \$9,000 family

*The plan pays out-of-network benefits based on Medicare reimbursement levels of 140% of Medicare replacement. In addition to your coinsurance, you are responsible for amounts that exceed these levels.



How the Plans Work

A closer look at the HCRA Plan

The HCRA is a unique medical plan that combines the essential elements of traditional plans with an important innovative feature, the HCRA Fund, a health reimbursement account. If you haven't yet considered this plan, take time during this year's Open Enrollment to review this option.

The HCRA provides you with medical and prescription drug coverage like all of the Price Rite plans – including the same extensive network of providers through Aetna. You will pay more when you need care (higher deductible and larger share of coinsurance).

In addition, the HCRA Fund can be used to pay for qualified health care expenses with before- tax dollars. And, you receive an annual contribution to your HCRA Fund to help offset your out-of-pocket expenses.

The HCRA, together with the HCRA Fund, encourages you to take a more active role in your health care spending, and to be a more cost-conscious health care consumer. The plan involves three features working together:

1. Deductible	2. Health Plan
<p>You pay this amount before your medical plan begins to pay for eligible expenses. (Please note: prescription drug expenses are not subject to the deductible).</p> <ul style="list-style-type: none">• The in-network deductible is \$2,250 single or \$4,500 family and the out-of-network deductible is \$4,000 single or \$8,000 family.• The full out-of-network deductible (depending on coverage level) must be met before the medical plan begins to pay.	<p>Once you meet your deductible, your medical plan pays 90% for in-network medical services and 60% for out-of-network medical services (up to the Medicare reimbursement level).</p> <ul style="list-style-type: none">• You will pay 10% for in-network services.• You will pay 40% plus any amount that exceeds the reimbursement level for out-of-network services.• Prescriptions drug expenses are subject to the applicable copays.
3. The HCRA Fund	
<p>Helps you pay for eligible out-of-pocket expenses, such as your deductible.</p> <ul style="list-style-type: none">• The HCRA Fund amount is \$1,500 single and \$3,000 family, and is paid by the Company.• The remaining balance rolls over each year. This means if you were enrolled for single coverage in 2024 and have a balance of \$200 at the end of the year, your 2025 HCRA Fund would increase by this amount and would be \$1,700.	

How the Plans Work

More about the HCRA Plan

Know Before You Go

Planning ahead can help you be an informed health care consumer — saving you time and money! When you enroll in the HCRA, you have an HCRA Fund funded by Price Rite that is used to pay for a portion of your deductible. By finding out the facts before you go for medical treatment, you can compare doctor's rates and clinical performance to help you:

- Understand your cost for the medical services you need;
- Be prepared for out-of-pocket costs before you visit the doctor;
- Plan for health care expenses so you can manage your funds; and
- Make health care purchasing decisions based on overall value.

Other Features

Since you are responsible for paying some or all of your health care expenses, it's important to do your research and review your options — both price and quality — before you go! Compare doctor's rates, specialist's quality indicators, and more at www.aetna.com.



Maximize Your Benefits

It's important to establish an ongoing relationship with a Primary Care Physician for your ongoing routine care.

Use Your Primary Care Physician

You may be thinking, why bother with a Primary Care Physician (PCP) when you can easily be seen at a local medical clinic or the emergency room (ER). While your walk-in-clinic or local ER may be ideal for urgent medical conditions, it's important to establish an ongoing relationship with a Primary Care Physician. They know you and your medical history, allowing them to recognize changes in your health. A Primary Care Physician cares for you as an entire person—physically, mentally, and emotionally—in addition to overseeing all of your routine care.

Your Primary Care Physician can provide education about preventive care which helps you take charge of your health, save money, and help you navigate through chronic or complex illnesses. They also act as your advocate and refer you to specialists as needed.

Your PCP's office is the best place for:

- Routine care: annual physicals, prescription refills, and immunizations.
- Chronic and complex conditions: diabetes, high blood pressure, thyroid, high cholesterol.
- Minor injuries: sprains, back pain, cuts and burns or eye injuries.

Get the Facts About Your Doctor in 3 Simple Steps

You can find the rates doctors have agreed to charge for up to 30 commonly used services provided by primary care and specialty care physicians and certain health care professionals, such as chiropractors and physical therapists. You also can access details about clinical performance.

Visit your member website on Aetna Health through **www.aetna.com** or the Aetna Health app.

- Go to Find Care & Pricing and look up your doctor or search by the type of service.
- You can compare up to three doctors, view breakdown of cost for a specific doctor, and read reviews for a specific doctor.

Maximize Your Preventive Benefits

The medical plans pay 100% for in-network preventive services for adults and children when the main purpose of the visit is for preventive care. Covered services are determined based on your age, gender, and risk status. There is no copay, deductible, or coinsurance for in-network preventive services such as office visits, screenings, counseling, and appropriate immunizations.

- Remind your physician's office to code your visit as "wellness," if appropriate, so you can take full advantage of the 100% in-network well-being benefit. In the event your visit is not for wellness, it is not eligible for the 100% benefit.
- Make sure your screenings and tests are sent to an in-network lab. It's your responsibility to make sure the lab is in the network before you have your tests done or sent for processing. If the lab is NOT in the network, even if recommended by your network physician, your claim will be paid at the lower out-of-network benefit level
- Our preferred laboratory services providers are Quest Diagnostics and LabCorp.

Maximize Your Benefits

Consider using an urgent care facility before the emergency room. ERs should be used only for true emergencies.

Did you know that you will wait longer and pay more for non-emergency care in an emergency room (ER) than in an Urgent Care Facility or Walk-In Clinic? It costs a lot of money for hospitals to support all the equipment and staff that an ER requires. So, visits to the ER generally cost much more than those to a doctor's office or an Urgent Care Facility. Plus, your medical plan copays for ER visits will be higher than the copays for doctor's or Urgent Care Facility visits. In addition to the ER copay, in some cases, you may receive a separate bill from your emergency room physician. There is generally only one charge for your Urgent Care bill.

Your wait time may be longer too. Emergency rooms treat the patients with the most serious conditions first, so patients with less urgent needs will often wait longer to see a doctor. An Urgent Care Facility will only see patients with routine conditions, and it's usually on a first-come, first-served basis.

Simply put, when it's not a true emergency, an Urgent Care Facility or Walk-In Clinic is the better choice.

Locating an Urgent Care Facility

- Visit your member website on Aetna Health through **www.aetna.com** or the Aetna Health app
- Go to Find Care & Pricing
- Scroll down to Clinics and Hospitals
- Click Urgent Care Centers



Maximize Your Benefits

Most health care costs are tied to decisions and behaviors we can control and improve.

Be A Wise Consumer

As partners in health, we have a shared responsibility to manage health care costs by being informed and engaged health care consumers. Most health care costs are tied to decisions and behaviors we can control and improve. That's why making smart choices every day is so important. Here are 10 ways to save:

1. Think ahead — Don't just automatically keep the same benefits every year. Take a little time and research the benefit options before making a selection.

2. Know what the medical plan covers — Understand your plan before you need to use it. Find out about pre-approvals, emergency room visits, copays for doctor visits, and coinsurance for procedures.

3. Get physically fit and practice preventive care

- Take prescribed medications.
- Keep up a healthy lifestyle and complete the Health Assessment every year.
- Schedule your annual physical with an in-network doctor (Covered at 100% – Plus \$100 Price Rite Gift Card!).
- Take advantage of free resources to get and stay healthy.

4. Remember to NETWORK — Always use an Aetna in-network doctor or facility; not doing so may result in paying more from your own pocket.

5. Pick the right facility — If your condition isn't life-threatening, don't go to the emergency room. A persistent cough or a broken finger may be better treated by Teladoc or an urgent care facility at a much lower cost.

6. Be a smart shopper — Look up prices for medical procedures in your area using FAIR Health's "Consumer Cost Lookup" tool. This can help you plan for out-of-pocket health costs, or, contact other providers and ask for a quote to see if they offer a lower price for a specific procedure.

7. Use Teladoc — Consult with a doctor online or over the phone for minor conditions. It's a convenient treatment option that saves time and stress by not having to leave home or work.

8. Check bills and insurance EOBs for errors — A mistake in coding can mean the difference between a procedure with no copay and one that costs you money.

9. Cut your prescription costs

- Ask your provider if you can take a generic medication instead of an expensive brand.
- Fill your prescriptions using your local ShopRite pharmacy or through the Spotswood mail-order program. This also includes your specialty medication needs. Get a three-month supply of maintenance prescriptions for the cost of one!

10. Ask questions

- Ask your doctor whether making lifestyle changes can achieve the same results as costly prescriptions or a medical procedure.
- Get a second opinion before undergoing surgery.
- Clearly understand the goal of a procedure. Is it meant to cure or manage a condition? What are the long-term success rates, and how do they compare to other options?

Prescription Drugs

The PrudentRx Copay Optimization program helps reduce or eliminate the member cost share for specialty medications.

PrudentRx Copay Optimization Minimizes the Impact of Specialty Medications

While most medicines are available at your local ShopRite Pharmacy, there are an estimated 400 limited distribution medicines that are only available through CVS Health's specialty pharmacy. These medicines are often costly and therefore the PrudentRx Copay Optimization program, offered by CVS Health, is an innovative specialty copay plan design that enables payors to help reduce or eliminate member cost share for specialty medications. If you currently take a specialty medication, PrudentRx will be reaching out to you directly to coordinate this benefit where you can receive a \$0 copay on the specialty medication.

Take control of your health with the ShopRite Pharmacy App

The ShopRite Pharmacy Mobile App lets you find pharmacies, manage your family's medications, refill prescriptions, and transfer prescriptions from one pharmacy to another using your mobile device.

Features include:

- Refill your prescriptions by entering the Rx number or scanning the bottle using your camera phone
- Manage the prescriptions of your entire family with a secure biometric login
- See your prescription history
- Transfer prescriptions from any pharmacy to your preferred ShopRite location
- Use the GPS on your phone to find the nearest ShopRite location
- Filter your ShopRite location search
- Find information on a variety of health topics and medications
- Schedule an Immunization Appointment

To find the app, search "ShopRite Pharmacy App" or visit <https://www.shoprite.com/rxapp/>

ShopRite Pharmacy Auto Refill Program Quick and easy signup!

ShopRite Pharmacists play an important role in helping our Team Members properly adhere to their prescription medication. Your ShopRite Pharmacy will automatically refill your prescription before your supply runs out. They will even contact your doctor for you when your prescription expires or your refill runs out.... Automatically! Speak with your local ShopRite Pharmacist to determine which of your prescriptions are eligible or visit <https://www.shoprite.com/pharmacy>.

*The ShopRite Pharmacy Auto Refill program is optional and available for most maintenance medications.



Prescription Drugs

When you use a ShopRite pharmacy or Spotswood mail order for maintenance prescriptions, you'll get a three-month supply for the cost of one!

When you enroll in a Price Rite medical plan, you receive prescription drug coverage. Your copays are based on the type of drug and where you purchase your prescription. To lower your costs, request generic,

use a ShopRite pharmacy or Spotswood mail order for maintenance medications (for conditions that usually require regular use, such as high blood pressure, heart disease, asthma, and diabetes).

Prescription Drug Benefits — Managed Care, HCRA, and Premium Managed Care*

Type of Drug	Definition	Retail Pharmacy (Non ShopRite)	ShopRite Pharmacies or Spotswood Mail Order
		For a 30 day supply	For a 90-day supply
Generic	Drug with same active ingredients as brand name, with lower cost	\$10	\$10
Preferred Brand**	Drug marketed under a specific trademark or name by specific drug manufacturer and included on Aetna's drug list	\$30	\$30
Non Preferred Brand** (no generic available)	Drug marketed under a specific trademark or name by specific drug manufacturer and NOT on Aetna's drug list	\$50	\$50
Specialty Brand***	High-cost prescription medications used to treat complex, chronic conditions	\$100	Contact your local pharmacy for more information.

*The cost of prescriptions under the Basic Managed Choice uses coinsurance. You pay 30% of the cost for Generic and Preferred Brand and 50% of the Non-Preferred Brand (not subject to the medical plan deductible).

**If you or your physician requests a brand-name medication when a generic is available, you will pay the applicable copay plus the difference between the cost of the generic and brand-name drug.

***Specialty Brand drugs must be filled at CVS Specialty Pharmacy.

Well-being Programs

An annual physical is important to your overall wellness and helps prevent health issues down the road.

Get Your Annual Physical — and Get Rewarded!

Even if you feel perfectly healthy, it's important to get an annual physical for your overall wellness. A physical is an opportunity to check in with your primary care physician on your health, get tips on living a healthy lifestyle, and discuss prevention and treatment options.

Complete an annual physical – and receive a \$100 Price Rite gift card for each enrolled Team Member and spouse/partner.*

***Note: Payment of the \$100 incentive for obtaining an age-appropriate physical exam from your physician is not conditioned on you or your spouse providing any genetic information (e.g., family medical history) to your employer or to your employer's medical plan.**

Why Get an Annual Physical?

- **Prevent health problems.** Annual physicals allow your doctor to review any changes that have occurred over the last year and encourage healthy choices and lifestyle. Also, your doctor can help identify risk factors that could lead to future health problems and offer expert advice on how to manage them.
- **Establish baselines.** Getting a routine physical will help establish a baseline (e.g., blood pressure and cholesterol) that will help you and your doctor in making future healthcare decisions
- **Stay on track with important screenings,** such as a mammogram, colonoscopy, or bone density test.
- Your doctor can help coordinate the recommended screenings.
- **Manage your medications.** Reviewing medications with your physician will ensure you are treating your medical concerns the best way available and will help prevent medication interactions.
- **Save money.** If a doctor can detect a problem before it gets serious, you'll save money on medical bills down the road.
- **Build a solid relationship with your doctor.** Having one-on-one time with your doctor when you're not sick or in the midst of a medical issue allows you to connect, establish rapport, trust, and discuss your personal health care needs.



Well-being Programs

A Health Assessment can give you valuable insight into your overall health and potential risk factors.

Aetna Health Assessment

The Aetna Health Assessment is a simple, confidential questionnaire to be completed on the Aetna website. This is available to you because it's a great tool for helping you to stay healthy.

A Health Assessment can give you valuable insight into your overall health and potential risk factors.

Once you complete the questionnaire, you will receive a full assessment of your current health status, including potential risk factors and tips to modify your behavior for better health. You can print the report for your files and share it with your doctor.

Accessing the Assessment

To complete the Aetna Health Assessment, simply:

- Visit www.aetna.com to access the Health Assessment or by using your smartphone, open the camera and aim the phone at the QR code.
- Enter basic health information and habits.
- Receive an online Action Plan and select programs and resources to help improve your health.



Get Help to Quit the Habit

Smoking is the number one cause of preventable deaths in the United States, and is a contributing cause to many chronic health conditions. Your medical plan includes **FREE** resources to help you stop smoking, including Aetna's Tobacco Cessation Program.



Aetna's Tobacco Cessation Program

If you meet the eligibility requirements and complete the program, Price Rite will pay the full cost of the program which includes:

- Personal support from an Aetna health coach who can help you set goals you can handle, plan quitting strategies, and stay motivated to quit for good
- Weekly coaching sessions with your health coach
- 8 weeks of nicotine replacement therapy.
- To get started, visit **www.aetna.com** or call **1-866-213-0153**.

100% Coverage for Smoking Cessation Medications

If you need smoking cessation medications to help you quit, the medical plan will reimburse 100% of the cost for eligible over-the-counter and prescription medications.

- Contact Aetna at the number on the back of your ID card to make sure the item is eligible.
- In certain cases you may be asked to pay the full cost for the medication at the pharmacy. Send a claim form with your receipt to Aetna for 100% reimbursement.

Well-being Programs

Get Rewarded for Participation

The number of Team Members and spouses completing the Health Assessment continues to increase each year. Last year, most of our Team Members and eligible spouses received rewards for completing a Health Assessment. We encourage everyone to complete the Health Assessment again this year and receive the following incentives:

- Complete/Update the Health Assessment in 2024 and receive a \$100 Price Rite gift card for an enrolled Team Member's spouse.
- Complete/Update the Health Assessment from November 1, 2024-May 31, 2025 and pay NO health care contributions for up to 13 weeks, as indicated in the chart below.

Number of Weeks You Pay No Contribution for Medical Coverage if You Complete your Health Assessment from November 1, 2024 — May 31, 2025		
	Team Member Only Coverage	Family Coverage
Basic Managed Care Plan	13 weeks	9 weeks
Managed Care Plan	13 weeks	9 weeks
HCRA Plan	13 weeks	9 weeks
Premium Managed Care Plan	4 weeks	2 weeks



Well-being Programs

Teladoc is a convenient treatment option that saves you time and stress by not having to leave home or work!

Talk to a doctor anytime and for as long as you need! Teladoc gives you 24/7/365 access to a board certified doctor through the convenience of phone or video consults. It's a quick and affordable option for quality medical care — with **\$10** copay for general medical care; specialty care (e.g., mental and behavioral health care, therapy, dermatology, and other specialty services) is subject to a fee schedule.

When can you use Teladoc?

- When you need care now
- If your doctor is unavailable
- If you're considering the ER or Urgent Care Facility for a non-emergency issue
- On vacation or away from home
- For short-term prescription refills

Why Teladoc?

There are many things in this world that are valuable... work, family, health, and so forth. But it could be argued that the most valuable thing you'll ever have, after your health, is your time. What if there was a way you could get health care for minor issues while saving you time and money? Price Rite has a possible solution.

Consider these questions...

- What if you could avoid waiting several hours in the ER or sitting in a room with other patients in an urgent care facility or doctor's office?
- Where should you go for care if it's a weekend or after hours?
- Once you see the doctor, how long do you normally spend talking about your illness?
- What if we told you, you could speak to a doctor in less than 10 minutes?
- What if you never had to leave your house or office?
- Would it be convenient for you to have your prescription sent to the pharmacy of your choice?
- Teladoc may be the best solution for you!

How to access Teladoc

- Online at **www.teladoc.com** or
- Download the Teladoc App on your smart phone, iPad or another compatible device. Just search "Teladoc" in the AppStore or Google play store.

You may also call **1-855-TELADOC** to get started. Then fill out a brief medical history like you would at the doctor's office.

Common non-emergency conditions Teladoc can treat include:

- Colds and flus
- Simple infections
- Fever
- Stomach flus, diarrhea or constipation
- Bronchial, upper respiratory, and ear infections
- Insect bites and unknown rashes
- Sore or strep throat
- Conjunctivitis and similar bacterial infections
- Headaches
- Temporary joint aches

Manageable chronic conditions:

- Arthritis
- Asthma
- Allergies
- IBS

Dental

Preventative oral care can prevent unexpected costs and pain that often come with oral surgery and emergency procedures.

Price Rite will offer the same level of care through Aetna. However, there are changes to the plan design. The new annual benefit maximum will be \$2,500. The orthodontic lifetime maximum will also be \$2,500. Since this is an active enrollment, you must take action via Fidelity NetBenefits to make your coverage election. If you do not take action online, your coverage will NOT rollover and will be defaulted to WAIVED.

Highlights of the Plan

- When you use a dentist participating in Aetna's network, you are only responsible for the difference between the in-network fee for the service provided and the plan's payment for the approved service.

- When you use out-of-network providers, your cost is based on the Reasonable and Customary (R&C) cost, instead of a discounted fee. You are responsible for any amounts that exceed the R&C, in addition to the deductible and coinsurance.

For more information or to locate in-network dental providers, visit www.aetna.com or call **1-843-3661**.

Active PPO with PPOII and Extend SM Networks	In-Network (You Pay)	Out-of-Network (You Pay)
Annual Deductible - Individual ¹	\$25	\$25
Annual Deductible - Family ¹	\$75	\$75
Preventive Services	100%	100%
Basic Services	85%	80%
Major Services	65%	60%
Annual Benefit Maximum	\$2,500	\$2,500
Office Visit Copay	N/A	N/A
Orthodontic Services ²	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	\$2,500	\$2,500

¹ The deductible applies to Basic and Major Services only.

² Orthodontia is covered only for children (appliance must be placed prior to age 20).

Vision

Vision benefits are so much more than an eye exam. They help you save money, stay healthy and see everything life has to offer.

EyeMed is the vision provider for Price Rite. With this plan, you pay less when you visit a provider that participates in the EyeMed Select network.

Annual eye exams not only help correct vision problems, but comprehensive exams can also reveal the warning signs of more serious undiagnosed problems, such as high blood pressure, heart disease, and diabetes.

Highlights of the Plan

- When you visit an EyeMed network provider, you pay a copay for eye exams and materials.
- When you visit an out-of-network provider, you generally pay the provider directly and submit an itemized bill to EyeMed. You will receive reimbursement up to the scheduled amount for each covered service and supply.

For more information or to locate EyeMed vision providers, visit www.eyemedvisioncare.com or call **1-866-939-3633**.

Benefit	In-Network Member Cost	Out-of-Network Reimbursement
Exam (one every 12 months)	No copay	Up to \$28
Frames (one every 24 months)	No copay; \$180 allowance + 20% off balance over \$180	\$90
Lenses (one every 12 months)		
Single Vision	No copay	Up to \$25
Bifocal	No copay	Up to \$39
Trifocal	No copay	Up to \$63
Contact Lenses (one order every 12 mos.)		
Conventional	No copay; \$180 allowance + 15% balance over \$180	Up to \$144
Disposable	No copay; \$180 allowance	Up to \$144
Medically Necessary	No copay; Paid in Full	Up to \$200

Long Term Disability

Long-term disability insurance pays a portion of your income if you're unable to work due to illness or injury.

MetLife is the new LTD provider

LTD benefits provide you with a portion of your salary in the event you become disabled and cannot work. If you are rendered disabled by a licensed physician, for 90 days or more, you can apply and be considered for the LTD benefit. If approved, you would be eligible to receive 60% of your monthly earnings, up to \$15,000 depending on the class defined.

If you are currently enrolled in the LTD plan and have chosen the After-tax election, it is important to know that you must enroll electronically through Fidelity as your election will not rollover. Team Members may review their paycheck to confirm After-tax contributions, if applicable.

Team Members are provided with two LTD tax options:

Option 1 — Employee Paid/Weekly Contribution

If you pay the LTD premium with after-tax dollars, and you become disabled, the benefit of 60% (of your predisability wages) is NOT subject to Federal Tax. Therefore, you would receive the full 60% benefit.

Option 2 — Company Paid

If you become disabled, any disability benefit paid to you would be subject to Federal taxes. So, if the benefit paid is 60% of your pre-disability wages, and you are in the 21% tax bracket, your net benefit check would be about 48% of your normal gross wages.

If you are currently enrolled, during the annual Open Enrollment period, you have the opportunity to review your current participation in LTD and can make changes to your current LTD tax election.

Note: LTD contributory plans are governed by IRS regulations. The IRS has a three-year "look back" on LTD plans. If you contribute from the inception of the policy and continue to contribute throughout the policy years, any benefit paid to you will not be subject to Federal Tax. If, however, you change your mind during the policy period, you will have to pay the premium for 3 full years before the benefit is not subject to tax. If you pay the premium for 1 or 2 years in the 3 year period, the taxable portion is prorated accordingly.



Life Insurance and AD&D

Emotional devastation from death is difficult. Invest in life insurance so your family is taken care of financially.

MetLife is the new provider for Life Insurance and AD&D. Your current Basic and Optional (for Team Member and Spouse) enrollments will be carried over with MetLife. Also during Open Enrollment for the 2025 plan year, you can enroll in Optional Life without EOI, if under guaranteed issuance (up to \$300,000 for a Team Member and up to \$50,000 for spouse).

Basic Life Insurance and AD&D is offered through MetLife and is 1.5x the Team Member's salary at a maximum of \$500,000. It is company paid, at no cost to the Team Member. On January 1st following the day the participant turns age 70, the benefit reduces to 50% of 1.5x the Team Member's salary.

Your designated beneficiary/beneficiaries will be the recipient of this benefit. It's important to ensure the beneficiary/beneficiaries are up to date.

Optional Life Insurance and AD&D is also offered through MetLife. The products will be offered on an Team Member Paid Basis. This payment will be facilitated via a weekly payroll deduction. You have greater purchasing power because of your employer rather than purchasing the product as an individual.

Age reductions have been removed for Optional Life and Optional AD&D.

Team Members are offered:

- Optional Life for the Team Member
- Dependent Life for your Spouse/Partner and Children
- Accidental Death & Dismemberment

New hires have 30 days from their date of hire to enroll in these products on guaranteed issue basis. This means you and your dependents can enroll for the maximum amounts of insurance (as stated below) and you do not have to provide any statement/proof with regard to your own or your dependent's current health status.

If you do not enroll when initially eligible, you will still be able to enroll for these products at any time during the year, but both you and your dependents will be required to provide a current statement of health status and coverage is "pending" until MetLife approves this information.

Below is the coverage offered:

Team Member Optional Life Insurance

- Team Members can opt for 1, 2 or 3x's their salary to a maximum coverage amount of \$750,000.
- Guaranteed Issue for the Team Member — up to \$300,000 (no medical proof will be required for coverage amounts up to this amount - only for amounts in excess of \$300,000 to the \$750,000 maximum).

Spouse Optional Life Insurance

- Total coverage amount is up to 50% of Team Member election to a max of \$375,000.
- Guaranteed Issue for the Spouse — up to \$50,000 (no medical proof will be required for coverage amounts up to this amount - only for amounts in excess of \$50,000 to the \$375,000 maximum).

Life Insurance and AD&D

Dependent Optional Life Insurance

- Dependent child coverage to age 26 - coverage amount is a flat \$5,000.

Optional Accidental Death & Dismemberment

- Accidental Death & Dismemberment coverage is also an optional benefit available to you, if you elect this coverage; the amount usually mirrors the Voluntary Optional Life base election.

See table below for the current rates.

This coverage is age band rated. The rate you pay will change when you move to a different age group.

As always we encourage you to comparison shop any product you may be interested in. Your main goal is to purchase the best coverage for you and your family at the best price.

MetLife — The rates are per \$1,000 of coverage per month			
Team Member/ Spouse Age	Rate per \$1,000	Team Member/ Spouse Age	Rate per \$1,000
Age < 25	\$0.044	55-59	\$0.357
25-29	\$0.044	60-64	\$0.602
30-34	\$0.060	65-69	\$1.139
35-39	\$0.074	70-74	\$1.845
40-44	\$0.089	75-79	\$2.019
45-49	\$0.125	80+	\$2.019
50-54	\$0.208		
Child Rate	\$0.113	AD&D	\$0.026

Additional Programs and Resources

Aetna Concierge Customer Service

Your Aetna Concierge is like your personal health care assistant – helping you to understand your health plan and answering your questions. Your concierge can even make appointments for you.

Aetna Drug Savings Review Program

This review of pharmacy claims helps increase safety, save money, and improve quality of care. Drug reviews are done after prescriptions are filled and coordinated directly with your medical provider, so you won't experience any disruptions.

Aetna One Choice

This program provides ongoing nurse support and coaching. Whether you're managing a chronic condition or have an upcoming surgery, Aetna nurses can help you put together a plan, understand your benefits, and answer your questions.



Meru Health

This is a 12-week program is clinically proven to reduce anxiety, stress, depression, and long-term burnout. In addition, you can access the entire program from the convenience of your smartphone. Visit www.meruhealth.com/aetna to get started today.

The Aetna Health Assessment

This is a simple, confidential tool for helping you to stay healthy. The assessment can give you valuable insight into your overall health and potential risk factors. Once you complete the online questionnaire, you will receive a full assessment of your current health status, including potential risk factors and tips to modify your behavior for better health. You can print the report for your files and share it with your doctor. The Health Assessment is completely confidential and takes less than 30 minutes to complete. To take the assessment, visit www.aetna.com.

2nd.MD Health Advisory Services

Feel confident about your medical decisions. As part of your employer provided benefits, you can get an expert second opinion from a leading specialist at no additional cost to you. Connect directly with experts by video from the comfort of home. Ask questions, get answers and feel empowered to make the best healthcare decisions. This benefit is available for all full-time, non-union Team Members and their eligible dependents.



Aetna Pharmacy Advisory Program

If you have one of 10 conditions, Aetna's Care Support team will contact you directly when you fill your first prescription to treat your conditions, if you are not taking your medication as directed, and if you miss one or more refills.

Memorial Sloan Kettering Cancer Center (MSK) Direct

Through a partnership with Memorial Sloan Kettering Cancer Center (MSK), MSK Direct is your resource for prevention through diagnosis and ongoing treatment in cancer care, providing practical and emotional support. An MSK Direct Care Advisor helps find the best cancer care possible, either through on-site care at MSK (in certain states), or remotely, where MSK doctors guide your treatment in partnership with your local doctor.

Frequently Asked Questions

What is an annual Open Enrollment period?

It's the time of year that you may add, drop or change your level of coverage for certain pre-tax benefit options. This year's Open Enrollment period is from **October 30 – November 20, 2024**.

How do I obtain detailed information about the plans offered by Price Rite?

Refer to your "Summary of Benefits and Coverage" (SBC), available on your benefits website.

Why should I see a Network Provider?

Network Doctors have agreed to a discount of their fees. You may pay lower out-of-pocket expenses when you use an in-network provider.

How do I know if my provider is in the network?

Check the website or call the insurance provider directly.

What is an Explanation of Benefits (EOB)?

A statement provided to the member explaining how and why a claim was or wasn't paid. Always review your EOB statements for accuracy. If you have a question about an EOB, or see an error, contact the provider directly.

When can I continue coverage under COBRA?

You and/or your dependents are eligible to continue group health care under COBRA if coverage is lost because:

- You leave Price Rite for any reason other than "gross misconduct".
- Your work hours are reduced.
- You die.
- You become entitled to and enroll in Medicare prior to electing COBRA
- You divorce.
- Your dependent loses dependent status.

How can I receive additional or replacement ID cards?

Call the benefit providers directly.

How do I add my dependents?

Team Members have up to 30 days to make an election through Fidelity NetBenefits.

What if I get married, divorced or have a new child in my family during the plan year?

Team Member must a change through Fidelity NetBenefits within 30 days of any Qualified Life Event. Otherwise, you will have to wait until the next enrollment period to change your benefit options or coverage levels. You are also required to show official documentation as proof of the change such as a marriage certificate, birth certificate or court documents.

Why do I pay for some benefits with pre-tax money?

Paying for certain optional benefits with pre-tax money lowers the amount of your pay that is taxable; therefore, you pay less in taxes.



Important Terms

We know that benefits can be confusing, especially with all of the terms that are used to describe them. To help you better understand your options, we put together a listing of commonly used benefit terms used throughout this Guide.

Coinsurance — percentage of covered expenses you pay after the plan's applicable deductible.

Consumerism features — choices you make to save money, such as using network providers instead of out-of-network providers, or requesting a generic drug instead of a brand-name drug alternative.

Contributions — the amount that is deducted from your paycheck to pay for your share of benefits.

Copayment — the fixed dollar amount you pay to the provider for some services, such as office visits and prescription drugs.

Deductible — the amount you pay each calendar year before the plan reimburses you for covered expenses.

Exchange — another name for the Health Insurance Marketplace that has been available since October 1, 2013 to help individuals and small employers compare and purchase health insurance.

Health Assessment — online questionnaire that you complete to help you identify potential health risks.

Health Care Reimbursement Account (HCRA)— a company-funded account that can be used to pay for a portion of your deductible or coinsurance. (Only available with the Health Care Reimbursement Account Plan).

Health Insurance Marketplace — a way for individuals and small employers to compare and purchase health insurance.

In-network — service received from a participating medical, dental or vision care network provider. Also, can be used to define the level of benefits paid when you use a network provider.

Out-of-network — service received from a provider that does NOT participate in the applicable Aetna and/or EyeMed networks. The medical plan pays out-of-network benefits based on Medicare reimbursement levels (up to 110% of Medicare for professional services and 140% for facility charges). In addition to your coinsurance, you are responsible for amounts that exceed these levels.

Out-of-pocket maximum — maximum expense limit you are responsible for paying such as your deductible, coinsurance, and copays in a given plan year - this does not include your contributions. After this limit is reached, the plan reimburses 100% for most remaining covered medical expenses (excluding prescription drugs and the amount above the reimbursement level.).

Primary care physician (PCP) — the network doctor, generally a family practice, internist or pediatrician, you choose to provide care for you and to help you coordinate your overall health care, and make referrals to specialists, when appropriate.

Reasonable and Customary (R&C) Charges (for Dental Plan) — the negotiated fee your network dentist and the insurance provider have agreed on to perform certain services. If you visit an out-of-network provider, you will be required to pay any charges that exceed the R&C charge.

Important Contacts

To learn more about a specific benefit plan, please visit www.priceritebenefits.com, or contact the individual company/provider listed here. We also invite you to speak with your Benefits Administrator when you have questions.

Benefit Plan	Website	Telephone
Medical and Prescription Drugs		
Aetna medical plan and prescription drugs	www.aetna.com	1-877-461-0933
Aetna Concierge Customer Service	www.aetna.com	1-877-461-0933
Aetna Health Assessment	www.aetna.com	1-888-225-3375
Aetna One Choice Nurse Support/Coaching	www.aetna.com	1-877-461-0933
Aetna Pharmacy Advisory Program	www.aetna.com	1-855-305-9853
Aetna Tobacco Cessation Program	www.aetna.com	1-866-213-0153
Memorial Sloan Kettering (MSK) Direct	mskcc.org/gs-well-being	1-833-986-1757
2nd.MD Health Advisory Services	get.2nd.MD/wellbeing	1-866-841-2575
Dental		
Aetna	www.aetna.com	1-800-843-3661
Vision		
EyeMed	www.eyemedvisioncare.com	1-866-9EYEMED (939-3633)
Flexible Spending Accounts		
Inspira Financial (Formerly Payflex)	www.inspirafinancial.com	1-844-729-3539

About This Guide

This guide describes the benefit plans and policies available to you as an Team Member of Price Rite. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It doesn't contain all of the details that are included in your Summary Plan Descriptions (as required by ERISA) found in your other Team Member benefit materials. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Note: The benefits highlighted and described in this guide may be changed at any time and don't represent a contractual obligation – either implied or expressed – on the part of Price Rite.