

SUMMARY ANNUAL REPORT FOR OCEAN SPRAY CRANBERRIES, INC. WELFARE BENEFIT PLAN

This is a summary of the annual report of the OCEAN SPRAY CRANBERRIES, INC. WELFARE BENEFIT PLAN a health, prescription drug, dental, vision, long-term care, critical illness, hospital care, life insurance, accidental death and dismemberment insurance, temporary disability insurance, and long-term disability insurance plan, (employer identification number 01-1215610) for the plan year ending 12/31/2021. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Ocean Spray Cranberries, Inc. has committed itself to pay certain health and temporary disability claims incurred under the terms of the plan.

The plan has contracts with United American Ins. Co., Express Scripts, Inc., Envision Insurance Company, Transamerica Insurance Co. Premier, Delta Dental of Massachusetts, Vision Service Plan, National Union, Unum Life Insurance Company of America, and Hartford Life and Accident to pay certain health, prescription drug, dental, vision, long-term care, critical illness, hospital care, life, accidental death and dismemberment, and long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending on December 31, 2021 were \$3,672,401.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Financial information and information on payments to service providers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of SUSAN FRENCH, who is a representative of the plan administrator at ONE OCEAN SPRAY DRIVE, LAKEVILLE, MA 02347-1339 and phone number, 508-946-1000.

You also have the legally protected right to examine the annual report at the main office of the plan: ONE OCEAN SPRAY DRIVE, LAKEVILLE, MA 02347-1339, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.