



Harvesting Your Health: **2026 Benefits Guide**

Ocean Spray®

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Ocean Spray

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A Message from the Benefits Team

At Ocean Spray, we know that our success is rooted in the dedication, talent, and passion of our team members. Every contribution matters—and together, we cultivate something truly special.

We're committed to offering a comprehensive and competitive benefits program that supports the well-being of our team members and their families. This guide is designed to help you understand your options, make informed choices, and feel confident in the coverage that's right for you.

You can also explore more benefit details and helpful resources at:

- www.oceanspraybenefits.com
- **Password:** ocean

Ocean Spray partners with One Source Virtual (OSV) for benefits administration. Their call center is available to assist you and your family with any benefits-related questions:

- **Phone:** 844-672-3372
- **Email:** oscbenefits@onesourcevirtual.com
- **Monday–Friday, 7:00 AM to 7:00 PM CT** (excluding holidays)

For additional support, you can always reach out to the Ocean Spray Benefits Team at fitforlifebenefits@oceanspray.com

Legal Disclaimer: The information provided in this guide is intended solely as general information and support and should not be construed as legal advice or a legally binding interpretation. In the event of any discrepancies or questions regarding rights, responsibilities, or procedures in this guide, the operative document (whether an official policy, plan document, or collective bargaining agreement) shall serve as the final authority and take precedence.

ELIGIBILITY*

Eligible Team Members

At Ocean Spray, we're proud to support our team members with meaningful benefits that reflect the value of their contributions. You are eligible to enroll in Ocean Spray's benefits program if you are:

- A **full-time team member** scheduled to work 30 hours or more per week
- A **part-time team member** scheduled to work at least 22.5 hours per week, with access to many of the same benefits

Eligible Dependents

If you're eligible for benefits, your dependents are too. Eligible dependents include:

- Your legal spouse
- Your domestic partner (same or opposite sex)
- Your children, or the children of your spouse/domestic partner, up to age 26
- A child covered under a Qualified Medical Child Support Order (QMCSO)
- A child who is physically or mentally disabled (documentation required and reviewed by the carrier)



Important Note: You must provide documentation when enrolling dependents (e.g., marriage certificate, birth certificate). In compliance with the Affordable Care Act (ACA), we also collect Social Security numbers for all covered dependents for IRS reporting purposes. Your privacy is important to us—this information is only used as required by law.

**Markham Union team members are not eligible for most benefits under the Ocean Spray Cranberries, Inc. plans and programs.*

ELIGIBILITY

When Coverage Begins

Coverage for newly hired team members and their eligible dependents begins on the date of hire, with the exception of Kenosha Union team members, whose coverage begins 31 days after hire.

To activate your coverage, you must submit your benefit elections in Workday within 30 days of your hire date. Elections remain in effect for the full plan year unless you experience a qualifying life event.

Qualifying Life Events

Certain changes in your personal or family situation may allow you to update your benefit elections mid-year. Examples include:

- Marriage, divorce, legal separation, or death of a spouse
- Birth, adoption, or loss of a dependent
- Change in employment status (e.g., spouse loses job)
- A dependent becoming ineligible due to age
- Becoming eligible for Medicare or Medicaid
- Receipt of a Qualified Medical Child Support Order (QMCSO)



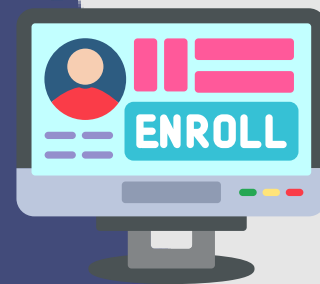
ACTION REQUIRED

If you experience a qualifying life event, you are responsible for updating your benefits in Workday within 30 days of the event. Supporting documentation is required. If changes are not made within this timeframe, you'll need to wait until the next Open Enrollment period.

Some states—including CA, MA, NJ, RI, Washington D.C., and VT—may impose a tax on residents who do not maintain health insurance coverage. Please consult your state's guidelines for more information.

HOW TO ENROLL

Instructions for All Team Members



Step 1: Log into Workday

- If you're connected to the Ocean Spray network, you'll be automatically logged in
- If prompted, use your Ocean Spray email address and network password

📌 **Tip:** Bookmark the Workday login page for easy access

Step 2: Select the Enrollment Task & Review Your Benefits

- Navigate to your Open Enrollment task or New Hire enrollment task in your Workday inbox
- Review and compare available plans to find the best fit for you and your dependents

Step 3: Make Your Selections

- Choose the benefits you wish to enroll in
- Submit your elections in Workday before the deadline

Step 4: Save Your Benefits Confirmation for Your Records

Key Reminders:

Passive Open Enrollment: If no changes are made, your current benefits coverage will carry over to the next year, except for your HSA or FSA elections; you must enroll in these benefits each year you wish to participate.

IMPORTANT NOTE: The spousal surcharge will automatically apply at the beginning of 2026 if no action is taken during the Open Enrollment period and you have a spouse or domestic partner enrolled in the medical plan.

Health Savings Account (HSA) Flexible Spending Account (FSA)

- | | |
|--|--|
| • Only available if you're enrolled in the High Deductible Health Plan (HDHP). | • Available on the PPO 70, HDHP and HPN medical plans or if you waive medical coverage. |
| • Contributions can be changed anytime throughout the year. | • Contributions must be elected during Open Enrollment, New Hire period, or after a Qualifying Life Event. |
| • You must establish your HSA through NetBenefits (Fidelity) to receive Ocean Spray's one-time contribution. | • Contributions cannot be changed mid-year unless you experience a Qualifying Life Event. |

HOW TO ENROLL

Key Reminders:

Spousal Surcharge Attestation:

- If you cover a spouse or domestic partner on your medical plan, you must attest in Workday whether they have access to other employer-sponsored coverage.
- If you do not complete the attestation, a spousal surcharge will automatically apply if you have a spouse or a domestic partner enrolled on your medical plan.
- **More information on the Spousal Surcharge can be found on page 13 of this guide.**

Tobacco Surcharge Attestation:

- Applies to team members who attest to using tobacco/nicotine products (e.g., cigarettes, cigars, chewing tobacco, e-cigarettes, or vaping devices)
- **More information on the Tobacco Surcharge can be found on page 13 of this guide.**

New Hire Enrollment:

- Outside of your new hire period, your only opportunity to make changes to benefit elections is during Open Enrollment or if you experience a Qualifying Life Event.

Beneficiary Updates:

- Review and update your life and AD&D insurance beneficiaries in Workday.
- Review 401(k) beneficiaries on NetBenefits (Fidelity) and update if necessary.
- You may update your beneficiary designation at any time throughout the year.



WHICH MEDICAL PLAN IS RIGHT FOR ME?

Ocean Spray offers four medical plan options through **Blue Cross Blue Shield of Massachusetts (BSBCMA)** that supports the health and well-being of you and your loved ones all year long. Each plan has different features, make sure to review carefully the choose the coverage that best fits your needs.

Plan Options

PPO Plans (PPO 70 & PPO 80)

- No referrals needed to see providers
- Higher coverage when using in-network providers
- Eligible for Flexible Spending Account (FSA)



HDHP with HSA

- Lower premiums, higher deductibles
- Eligible for a Health Savings Account (HSA) with pre-tax contributions
- Ocean Spray provides a one-time HSA contribution for first-time enrollees
- HSA contributions can be changed anytime during the year

HPN EPO (High Performance Network) - Pennsylvania & Nevada only

- Must use in-network providers—no out-of-network coverage
- Limited provider network
- Eligible for Flexible Spending Account (FSA)

QUICK PLAN COMPARISON

Your medical plans offer coverage both in- and out-of-network to give you flexibility when choosing care. Here is a summary of some of the in-network benefits your medical plans offer.

QUICK COMPARISON			
PPO 80	PPO 70	HDHP w/HSA	HPN EPO (LHV and HEN only)
↑ Higher Paycheck Deductions	↓ Lower Paycheck Deductions	↓ Lower Paycheck Deductions	↓ Lower Paycheck Deductions
↓ Lower Deductible	↑ Higher Deductible	↑ Higher Deductible	↑ Higher Deductible
In & Out of Network Coverage	In & Out of Network Coverage	In & Out of Network Coverage	In Network Coverage Only
Copays - Yes	Copays - Yes	Copays - No	Copays - Yes
20% Coinsurance (after deductible)	30% Coinsurance (after deductible)	20% Coinsurance (after deductible)	30% Coinsurance (after deductible)
FSA Eligible	FSA Eligible	HSA Eligible	FSA Eligible

Comprehensive Coverage to Support Your Health

Our health plans are designed with you and your family in mind, with valuable benefits to help help you stay well and get the care you need:

- Free in-network preventive care to keep you healthy year-round
- Free telehealth visits for PPO 80, PPO 70, and HPN plans (*HDHP subject to deductible*)
- Free in-network lab work and X-rays for PPO 80, PPO 70, and HPN plans
- Affordable premiums for high-quality health care coverage
- \$0 copay for in-network mental health services to support your emotional well-being



MEDICAL PLAN OVERVIEW*

Ocean Spray is proud to offer four comprehensive medical plan options through our trusted partner, **Blue Cross Blue Shield of Massachusetts (BCBSMA)**. These plans are designed to support the health and well-being of you and your family, with varying features to help you choose the coverage that best fits your needs:

Plan Feature	PPO 80	PPO 70	HDHP	HPN EPO*
Annual Deductible (Ind./Fam.)	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000	\$2,000/\$4,000
Out-of-Pocket Max (Ind./Fam.)	Med: \$4,500/\$9,000 Rx: \$1,600/\$3,200	Med: \$5,500/\$11,000 Rx: \$1,600/\$3,200	Combined: \$6,650/\$13,300	Med: \$5,500/\$10,000 Rx: \$1,600/\$3,200
Coinsurance (Your Share)	20%	30%	20%	30%
Office Visit Copay	\$25	\$25	80% after deductible	\$25
Specialist Visit Copay	\$40	\$50	80% after deductible	\$40
Preventive Care	\$0	\$0	\$0	\$0
Telehealth	\$0 copay	\$0 copay	Subject to deductible	\$0 copay
Hospital Care	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Emergency Room	\$250	\$250	20% after deductible	\$250
Hi-Tech Radiology	Deductible, no coinsurance	Deductible, no coinsurance	20% after deductible	Deductible, no coinsurance
Lab Work & X-Rays	\$0	\$0	20% after deductible	\$0
Mental Health Treatment	\$0 copay Subject to deductible	\$0 copay Subject to deductible	\$0 copay Subject to deductible	\$0 copay
Acupuncture	Up to 12 visits Specialist copay applies	Up to 12 visits Specialist copay applies	20% after deductible	Up to 12 visits Specialist copay applies
Prescription Drugs	You are automatically enrolled in the Prescription Drug Program, administered by CVS®, when you elect medical coverage.			

*In-network Coverage. HPN medical plan available to PA and NV team members only.

*Out-of-network coverage is available for PPO 80, PPO 70 and HDHP plans. Out-of-network unavailable on the HPN plan. Please refer to the medical plan SPDs for more information.



PHARMACY BENEFIT COVERAGE

When you enroll in a medical plan, you're automatically covered under our prescription drug program, administered by **CVS**. Your out-of-pocket cost for prescriptions depends on the drug type and tier.

For High-Deductible Health Plan Only (HDHP): For added savings, be sure to check out the Preventive Medication List — medications on this list are exempt from the deductible, meaning you'll only pay a copay. Click [here](#) to view the list.



Plan Feature	PPO 80	PPO 70	HDHP	HPN EPO
Annual Deductible (Ind./Fam.)	N/A	N/A	\$2,500** \$5,000	\$2,000 \$4,000
Out-of-Pocket Max (Ind./Fam.)	\$1,600* \$3,200*	\$1,600* \$3,200*	\$6,650** \$13,300**	\$5,650** \$10,000**
Prescription Drug – Retail (30-Day Supply)				
Generic – Tier 1	\$15	\$15	\$15***	\$15***
Preferred Brand – Tier 2	\$35	\$35	\$35***	\$45***
Non-Preferred Brand – Tier 3	\$55	\$55	\$55***	\$85***
Prescription Drug – Mail-Order (90-Day Supply)				
Generic – Tier 1	\$25	\$25	\$25***	\$25***
Preferred Brand – Tier 2	\$65	\$65	\$65***	\$85***
Non-Preferred Brand – Tier 3	\$105	\$105	\$105***	\$165***



Have a question? Contact CVS Customer Care at 833-298-9972

*The out-of-pocket maximum for prescription drugs is the total of your copays.

**Combined medical and Rx.

***The combined medical and Rx plan deductible must be satisfied before the copays will apply. For coverage levels of Employee + 1 and Family, the total family deductible of \$4,000 must be satisfied before the plan pays out benefits.

SURCHARGES

To help manage health care costs and encourage healthy choices, Ocean Spray applies the following monthly surcharges:

- **Spousal Surcharge** – \$150/month
 - Applies if your spouse or domestic partner has access to medical coverage through their own employer, but chooses to enroll in Ocean Spray’s plan instead.
- **Tobacco Use Surcharge** – \$50/month
 - Applies to team members who attest to using tobacco/nicotine products (e.g., cigarettes, cigars, chewing tobacco, e-cigarettes, or vaping devices)

Note: The surcharge will automatically apply if no action is taken during Open Enrollment and you have a spouse or domestic partner enroll on your medical plan.

2026 MEDICAL CONTRIBUTIONS

Both Ocean Spray and team members share in the cost of health benefits. Your contributions toward medical coverage are conveniently deducted from your paycheck on a pre-tax basis. Below are the monthly contributions made by both Ocean Spray and the team member.

Note: Contributions for domestic partner coverage are deducted post-tax in accordance with IRS guidelines. The rates below do not include spousal or tobacco / nicotine surcharges.

Medical				
	PPO 80	PPO 70	HDHP	HPN (LHV/HEN only)*
Team Member	OSC: \$950.97 TM: \$295.26	OSC: \$790.59 TM: \$148.55	OSC: \$811.83 TM: \$152.55	OSC: \$725.36 TM: \$136.30
Team Member + Spouse	OSC: \$1,780.58 TM: \$749.26	OSC: \$1,537.73 TM: \$410.98	OSC: \$1,579.04 TM: \$422.04	OSC: \$1,410.86 TM: \$377.07
Team Member + Child(ren)	OSC: \$1,684.10 TM: \$708.66	OSC: \$1,445.10 TM: \$386.23	OSC: \$1,483.92 TM: \$396.61	OSC: \$1,325.87 TM: \$354.36
Family	OSC: \$2,684.05 TM: \$1,129.40	OSC: \$2,268.72 TM: \$606.36	OSC: \$2,323.73 TM: \$621.06	OSC: \$2,061.03 TM: \$550.86

2026 MEDICAL CONTRIBUTIONS BY PAY PERIOD

Semi-Monthly Rates

2026			
PPO 80 - Semi-Monthly			
	Team Member Contribution	OSC Contribution	Total Cost
Employee Only	\$147.63	\$475.48	\$623.11
Employee & Spouse	\$374.63	\$890.29	\$1,264.92
Employee & Child(ren)	\$354.33	\$842.05	\$1,196.38
Employee & Family	\$564.70	\$1,342.03	\$1,906.73
PPO 70 - Semi-Monthly			
	Team Member Contribution	OSC Contribution	Total Cost
Employee Only	\$74.27	\$395.30	\$469.57
Employee & Spouse	\$205.49	\$768.87	\$974.36
Employee & Child(ren)	\$193.11	\$722.55	\$915.66
Employee & Family	\$303.18	\$1,134.36	\$1,437.54
HDHP with HSA - Semi-Monthly			
	Team Member Contribution	OSC Contribution	Total Cost
Employee Only	\$76.27	\$405.91	\$482.19
Employee & Spouse	\$211.02	\$789.52	\$1,000.54
Employee & Child(ren)	\$198.31	\$741.96	\$940.27
Employee & Family	\$310.53	\$1,161.86	\$1,472.40
HPN (LHV and HEN only) - Semi-Monthly			
	Team Member Contribution	OSC Contribution	Total Cost
Employee Only	\$68.15	\$362.68	\$430.83
Employee & Spouse	\$188.54	\$705.43	\$893.97
Employee & Child(ren)	\$177.18	\$662.93	\$840.11
Employee & Family	\$275.43	\$1,030.52	\$1,305.94

Bi-Weekly Rates

2026			
PPO 80 - Bi-Weekly			
	Team Member Contribution	OSC Contribution	Total Cost
Employee Only	\$136.27	\$438.91	\$575.18
Employee & Spouse	\$345.81	\$821.81	\$1,167.62
Employee & Child(ren)	\$327.07	\$777.28	\$1,104.35
Employee & Family	\$521.26	\$1,238.79	\$1,760.06
PPO 70 - Bi-Weekly			
	Team Member Contribution	OSC Contribution	Total Cost
Employee Only	\$68.56	\$364.89	\$433.45
Employee & Spouse	\$189.68	\$709.72	\$899.41
Employee & Child(ren)	\$178.26	\$666.97	\$845.23
Employee & Family	\$279.86	\$1,047.10	\$1,326.96
HDHP with HSA - Bi-Weekly			
	Team Member Contribution	OSC Contribution	Total Cost
Employee Only	\$70.41	\$374.69	\$445.10
Employee & Spouse	\$194.79	\$728.79	\$923.58
Employee & Child(ren)	\$183.05	\$684.89	\$867.94
Employee & Family	\$286.64	\$1,072.49	\$1,359.13
HPN (LHV and HEN only) - Bi-Weekly			
	Team Member Contribution	OSC Contribution	Total Cost
Employee Only	\$62.91	\$334.78	\$397.69
Employee & Spouse	\$174.03	\$651.17	\$825.20
Employee & Child(ren)	\$163.55	\$611.94	\$775.49
Employee & Family	\$254.24	\$951.25	\$1,205.49

2026 MEDICAL CONTRIBUTIONS BY PAY PERIOD

Weekly Rates

2026			
PPO 80 - Weekly			
	Team Member Contribution	OSC Contribution	Total Cost
Employee Only	\$68.14	\$219.45	\$287.59
Employee & Spouse	\$172.91	\$410.90	\$583.81
Employee & Child(ren)	\$163.54	\$388.64	\$552.17
Employee & Family	\$260.63	\$619.40	\$880.03
PPO 70 - Weekly			
	Team Member Contribution	OSC Contribution	Total Cost
Employee Only	\$34.28	\$182.44	\$216.72
Employee & Spouse	\$94.84	\$354.86	\$449.70
Employee & Child(ren)	\$89.13	\$333.48	\$422.61
Employee & Family	\$139.93	\$523.55	\$663.48
HDHP with HSA - Weekly			
	Team Member Contribution	OSC Contribution	Total Cost
Employee Only	\$35.20	\$187.35	\$222.55
Employee & Spouse	\$97.39	\$364.39	\$461.79
Employee & Child(ren)	\$91.53	\$342.44	\$433.97
Employee & Family	\$143.32	\$536.24	\$679.57
HPN (LHV and HEN only) - Weekly			
	Team Member Contribution	OSC Contribution	Total Cost
Employee Only	\$31.45	\$167.39	\$198.84
Employee & Spouse	\$87.02	\$325.58	\$412.60
Employee & Child(ren)	\$81.77	\$305.97	\$387.74
Employee & Family	\$127.12	\$475.62	\$602.74

Surcharges by Pay Period

Tobacco Surcharge-\$50/Month	
Weekly	\$ 11.54
Bi-Weekly	\$ 23.08
Semi-Monthly	\$ 25.00

Spousal Surcharge-\$150/Month	
Weekly	\$ 34.62
Bi-Weekly	\$ 69.23
Semi-Monthly	\$ 75.00

HEALTH SAVINGS ACCOUNT

What is a Health Savings Account (HSA)?

An **HSA** is a tax-advantaged savings account that helps you pay for eligible healthcare expenses — now and in the future. It offers triple tax benefits:

- **Tax-free** contributions
- **Tax-free** interest and investment earnings
- **Tax-free** withdrawals for qualified medical expenses

Eligibility

To open and contribute to an HSA, you must be enrolled in a Qualified High Deductible Health Plan (HDHP). You are not eligible if:

- You're covered by another non-QHDHP medical plan
- You're enrolled in Medicare
- You've received VA benefits in the past three months

2026 Contribution Limits (set by the IRS)

- Individual coverage: \$4,400
- Family coverage: \$8,750
- Catch-up contribution (age 55+): \$1,000



Ocean Spray Contribution

If you enroll in the High Deductible Health Plan (HDHP) and open your HSA through **NetBenefits (Fidelity)**, Ocean Spray will provide a one-time contribution to help kickstart your savings:

- **\$500** for employees enrolled in Employee Only coverage
- **\$1,000** for those enrolled in Employee + 1 or Family coverage

This contribution is funded in Q1 of the calendar year and is provided only once — it does not repeat annually.

IMPORTANT:

You must open your Fidelity HSA timely to receive the Company contribution. If not opened in time, no contribution will be made, and your own contributions will be refunded via a future paycheck.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)



What is a Flexible Spending Account?

A **Healthcare Flexible Spending Account (FSA)** is a special account you can use to pay for eligible medical, dental, and vision expenses — using pre-tax dollars. That means you save money by not paying taxes on the amount you set aside.

You choose how much to contribute during Open Enrollment, and the full amount is available to you at the start of the plan year. Just remember:

- You're eligible to open an FSA if you waived the medical plan or are enrolled in the PPO 80, PPO 70 or HPN plans.
- You can only change your contribution if you have a Qualifying Life Event.
- Funds are “use it or lose it”, so plan carefully!
- Qualified medical expenses are designated by the IRS. They include medical, dental, vision and prescription expenses. See **IRS Publication 502** for a list.

How the Plans Work

- FSA contribution limit is **\$3,400** in 2026
- You elect a contribution amount to deduct from your pay on a before-tax basis and put into the flexible spending account
- Expenses must be incurred within the plan year
- You may submit claims for expenses incurred within the enrollment period
- The maximum amount that can be carried over to the next plan year for a Health FSA is **\$680** in 2026.

When you enroll in a Healthcare FSA, **Sentinel Benefits Group** will automatically mail an FSA debit card to your home address — no need to request one!

Many eligible expenses can be auto-approved right at the point of purchase. However, some transactions may require additional documentation. If a purchase is flagged, you'll simply need to submit a receipt to verify the expense.

Once approved, Sentinel will reimburse you for the eligible amount — easy and straightforward!



COMMUTER FLEXIBLE SPENDING ACCOUNT (FSA)



What is a Commuter FSA?

A **Commuter Flexible Spending Account (FSA)** helps you save money on your daily travel to and from work — using pre-tax dollars. With Sentinel Benefits, you can use your Commuter FSA to pay for:

- Public transportation (e.g., bus, train, subway)
- Parking expenses near your workplace

You decide how much to contribute, and funds are loaded onto a Commuter Benefits debit card for easy use. Contributions can be adjusted monthly, giving you flexibility based on your commuting needs.



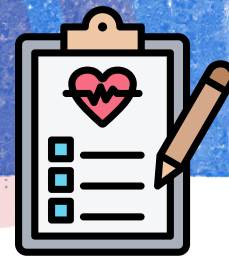
Transit (e.g., bus, train, subway):

- Up to \$340/month pre-tax

Parking (near your workplace):

- Up to \$340/month pre-tax





WELLNESS

Wellness Pays Off – For Your Health & Your Wallet

At Ocean Spray, we believe that taking care of your health should come with meaningful rewards. That's why our wellness programs offer up to \$800 annually in incentives—\$400 for you and \$400 for your enrolled spouse or domestic partner, whether or not you're enrolled in our BCBSMA medical plan.

Ahealthyme® Wellness Program – \$400 Reward

Through the **ahealthyme®** platform, team members and their spouses/domestic partners can earn \$400 each by completing wellness activities and reaching a minimum of **70 points**. *No partial payment will be provided in the event you (or your spouse/domestic partner) do not fulfill the 70-point minimum.*

Eligibility

- You do not need to be enrolled in Ocean Spray's BCBSMA medical plan to participate.
- If your spouse or domestic partner is not enrolled in our medical plan, they must be listed as a dependent in Workday to ensure proper access to the platform.

Enrollment Categories

- **BCBSMA Members:**
 - Team Member
 - Spouse/Domestic Partner
- **Non-Members:**
 - Team Member
 - Spouse/Domestic Partner

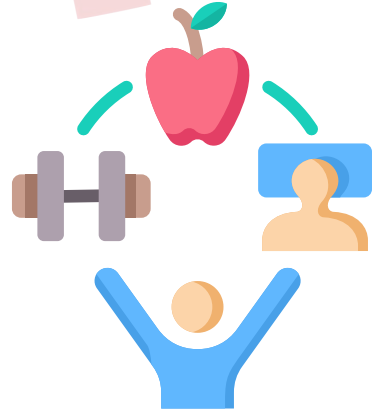


Whether you're scheduling a routine checkup, joining a wellness challenge, or completing a health assessment, every step you take toward better health brings you closer to earning your incentive.

How to Register for ahealthyme®

If You're a BCBSMA Member (Employee, Spouse, or Domestic Partner):

- Sign into your MyBlue account.
- Navigate to My Care and click on ahealthyme.
- On the login page, click “or click here to register.”
- Follow the prompts to create your account.



📌 **Tip:** If you don't have a MyBlue account, you can still register at wellness.ahhealthyme.com or download the Alaveda app. Use the code “**wellness**” when registering through the app.

If You're a Non-Member (Employee, Spouse, or Domestic Partner):



- Go to wellness.ahhealthyme.com or download the Alaveda app.
- Use the code “**wellness**” when registering.
- On the login page, click “or click here to register.”
- Follow the instructions to create your account.



Important: If your spouse or domestic partner is not enrolled in Ocean Spray's BCBSMA medical plan, they must be listed as a dependent in Workday to ensure proper access to the ahealthyme® platform.

How to Earn Points

To qualify for the **\$400 (up to \$800!)** wellness incentive, you must earn at least **70 points** by completing a mix of eligible activities through the ahealthyme® platform. *The incentive is taxable.*

The deadline to earn your points is **November 1, 2026**. Incentive awards will be processed and included in your first paycheck in December.

Take action early and make your wellness efforts count—your health and your wallet will thank you!

 **Important: You must earn 70 points to qualify for the incentive, there is no prorated incentive for partial completion. You must be actively employed to receive the incentive payment at the time of payout.**

Activities	Points	Completion Frequency
Health Assessment	20	1x per program
Plan for Wellness	5	Up to 2x per program
Log annual Well Visit	10	1x per program
Log Dental Visit	10	1x per program
Cancer Screening completion	10	1x per program
Enroll in a Wellness Challenge	5	Up to 4x per program
Complete a Wellness Challenge	10	Up to 4x per program
Tobacco Attestation Program	5	1x per program



Need Help?



Contact the ahealthyme support team at ahealthyme@medikeeper.com or call **(844) 960-4806** for assistance.

Other Health & Wellness Reimbursements

Ocean Spray is committed to supporting your health journey—physically, mentally, and financially. Through our wellness reimbursement programs, eligible team members can receive financial support for fitness, weight loss, and mind-body activities that promote long-term well-being.

Fitness Reimbursement

Annual Benefit:

- BCBSMA Members: Up to **\$150 per person/\$300 per family**
- Non-BCBSMA Members: Up to **\$150 per team member**

Deadline:

- Submit by March 31 of the following year

Eligibility:

- Must be an Ocean Spray team member for at least 4 months prior to claim submission
- BCBSMA members must be enrolled in a Single + 1 or Family plan to receive the full \$300
- Non-members are also eligible for up to \$150 annually

Eligible Expenses Include:

- Gym memberships
- Home-use cardio and strength-training equipment
- Group fitness classes (e.g., yoga, Pilates, Zumba, CrossFit)
- Virtual/online fitness subscriptions
- Wearable fitness trackers



Submit Your Claim!

BCBSMA Members: www.bluecrossma.org

Non- BCBSMA Members: Email the Non-BCBS Claim Form from www.oceanspraybenefits.com to fitforlifebenefits@oceanspray.com

Weight Loss Reimbursement

Annual Benefit:

- BCBSMA Members Only: Up to **\$150 per person/\$300 per family**

Deadline:

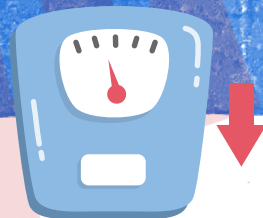
- Submit by March 31 of the following year

Eligibility:

- Must be an Ocean Spray team member for at least 4 months prior to claim submission

Eligible Expenses Include:

- Noom
- iDiet Engage Well & Simple
- Jenny Craig (if using coaching)
- Weight Watchers In-Person and Online
- Mayo Clinic YMCA Weight Loss Programs
- Hospital-based Weight Loss Programs



Submit your
Weight Loss claim
online at
bluecrossma.org

Mind & Body Reimbursement

Annual Benefit:

- BCBSMA Members Only: Up to **\$150 per person**, up to **\$300 per family**

Deadline:

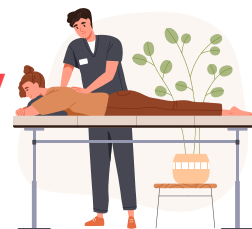
- Submit by March 31 of the following year

Eligibility:

- Must be an Ocean Spray team member for at least 4 months prior to claim submission

Eligible Expenses Include:

- Massage Therapy
- Hypnosis Therapy
- Meditation Therapy
- Tai Chi
- Qi (Chi) Gong
- Breathing and Meditation Apps



Mind & Body Claim Form
can be found on
oceanspraybenefits.com

EMPLOYEE ASSISTANCE PROGRAM - COMPSYCH*



What is ComPsych?

At Ocean Spray, we're proud to offer a strong support system for you and your family through our new Employee Assistance Program (EAP), powered by ComPsych.

Whether you're facing personal challenges, looking for legal or financial guidance, or simply need help navigating everyday life, ComPsych provides confidential, 24/7 access to expert support and resources. From short-term counseling and well-being coaching to digital tools and work-life services, help is always just a call or click away.

What Can ComPsych Help Me With?

Highlights include:

- 24/7 access to master's-level clinicians
- Short-term counseling & therapy sessions
- Work-life services:
 - Family, legal, and financial support
 - Health navigation assistance
- Online tools:
 - Digital and concierge appointment scheduling
 - Self-guided care through digital resources
 - Well-being coaching for lifestyle and behavior change
- GuidanceResources® Online and the GuidanceNow® App for easy access to services

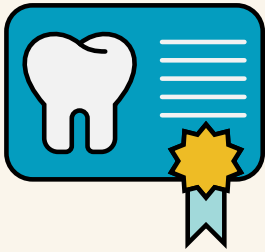
How Do I Get Started?

- Visit www.oceanspraybenefits.com
- Schedule your first session — appointments are available right away!



DENTAL PLAN OVERVIEW

Ocean Spray partners with [Delta Dental of Massachusetts](#) to offer comprehensive dental coverage designed to support your oral health and overall well-being. Whether you're scheduling routine cleanings, addressing more complex dental needs, or planning for orthodontic care, our dental plans provide access to a broad network of trusted providers and flexible coverage options.



With preventive care covered at 100%, and additional services available at competitive rates, Delta Dental makes it easy to maintain a healthy smile — for you and your family.

Dental Plan Summary	Premium Plan	Value Plan
Annual Deductible Individual/Family	\$50/\$100	\$25 per person
Preventive and Diagnostic Care	\$100	\$100
Basic Treatment and Crowns	20% after the deductible	20% after the deductible – does not cover crowns
Major Treatment	50% after the deductible	N/A
Orthodontia	50%	N/A
Lifetime Max Orthodontia Benefit	\$1,500/person	N/A
Annual Max Benefit (excludes Orthodontia)	\$1,500/person	\$1,000/person No rollover option





2026 DENTAL CONTRIBUTIONS

Both Ocean Spray and team members share in the cost of dental benefits. Your contributions toward dental coverage are conveniently deducted from your paycheck on a pre-tax basis.

Note: Contributions for domestic partner coverage are deducted post-tax in accordance with IRS guidelines.



Dental (Monthly)		
	Value Plan	Premium Plan
Team Member	TM: \$5.04 OSC: \$20.17	TM: \$23.64 OSC: \$20.17
Team Member + Spouse	TM: \$10.48 OSC: \$42.46	TM: \$49.93 OSC: \$41.86
Team Member + Child(ren)	TM: \$11.09 OSC: \$44.37	TM: \$51.79 OSC: \$44.37
Family	TM: \$16.35 OSC: \$69.55	TM: \$76.37 OSC: \$71.37

Don't
Forget

Maximize Your Dental Benefits with Delta Dental of Massachusetts

For the best value and lowest out-of-pocket costs, be sure to visit a Delta Dental PPO network dentist. While you have the flexibility to see out-of-network providers, doing so may result in significantly higher costs.

Managing your dental health is easy with the Delta Dental mobile app, which gives you access to claims, coverage details, and provider search tools — anytime, anywhere.

Visit www.deltadentalma.com to find plan information, review eligibility status, check on claim status, view your member guide, or to find a dentist.

VISION PLAN OVERVIEW

Ocean Spray partners with **VSP** (Vision Service Plan) to offer vision benefits that help you maintain healthy eyes and clear vision. With access to a large network of eye care providers, VSP makes it easy to get routine exams, glasses, and contact lenses — all at competitive rates.

Your coverage includes:

- Annual eye exams
- Allowances for frames and lenses
- Discounts on lens enhancements and LASIK
- Access to a wide selection of providers and eyewear options



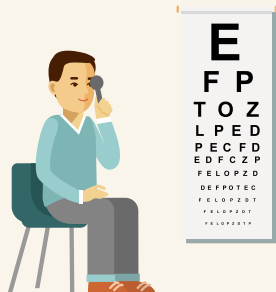
Take care of your vision and enjoy the convenience and value of VSP's nationwide network.



Vision Plan Highlights	Services from an In-Network VSP Preferred Provider	Your Allowance Out-of-Network
Routine Eye Exam (once per calendar year)	\$10 copay	Reimbursed up to \$45
Standard Lenses (once per calendar year)	\$25 copay	Single vision: reimbursed up to \$30 Bifocal: reimbursed up to \$50 Trifocal: reimbursed up to \$65
Lens Options (once per calendar year)	Photochromic covered in full Anti-Reflective Coating covered after \$10 copay	No benefit
Frames (once per calendar year)	\$150 allowance plus 20% discount on frame overage	Reimbursed up to \$70
Contacts (in lieu of glasses)	\$150 allowance for contacts Up to \$60 copay for your contact lens exam (fitting & evaluation)	Reimbursed up to \$105



2026 VISION CONTRIBUTIONS



Vision (Monthly) –Team Member Paid	
	VSP Choice
Team Member	\$8.32
Team Member + 1	\$16.62
Family	\$26.76

If you are enrolled in the medical plan, you can receive an annual eye exam and discounts on vision products through BCBSMA. Review your BCBSMA materials for more information.

Bonus Benefit – Hearing Support

In addition to your vision coverage, anyone enrolled in VSP is automatically enrolled in the TruHearing MemberPlus Program, which offers exclusive savings on hearing aids, batteries, and access to a nationwide network of hearing care providers.

If you are enrolled in one of our medical plans through BCBSMA, you have access to hearing benefits:

- Coverage of up to \$2,000 per hearing aid
- Evaluations, fittings, adjustments and supplies

For full details, refer to your BCBSMA plan materials.



LIFE AND AD&D INSURANCE

Ocean Spray Cranberries, Inc. provides company-paid Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through [The Hartford Life and Accident Insurance Company](#) to support you and your family in the event of a loss.

We encourage all team members to review and update beneficiary designations annually to ensure your benefits are distributed according to your wishes.

Coverage Details by Employee Group

Full-Time, Regular Salaried Team Members

- **Basic Group Term Life Insurance:** Coverage equal to 1x your annual base salary, rounded up to the next \$1,000.
- **Basic Group AD&D Insurance:** Coverage equal to 1x your annual base salary, rounded up to the next \$1,000.
- **Business Travel Accident Insurance:** Coverage of \$100,000 for accidental injury or death while traveling on company business.

Non-Union Hourly, Part-Time Regular, and Kenosha Union Team Members

- **Basic Group Term Life Insurance:** Coverage equal to 1x your annual base salary, rounded up to the next \$1,000.
- **Basic Group AD&D Insurance:** Coverage equal to 1x your annual base salary, rounded up to the next \$1,000.

Middleboro Union Team Members

- **Basic Group Term Life Insurance:** Coverage of \$25,000.
- **Basic Group AD&D Insurance:** Coverage of \$25,000.



Important Reminders

- Beneficiary updates can be made through Workday.
- Coverage amounts are based on base salary only and do not include bonuses or other compensation.
- AD&D benefits are payable in the event of accidental death or qualifying dismemberment.
- Any amount of life insurance that exceeds \$50,000 is considered taxable "imputed income" by the IRS and the premiums will be included in your W-2 earnings at the end of the year.

VOLUNTARY LIFE AND AD&D INSURANCE

In addition to the company-paid Basic Life and AD&D coverage, Ocean Spray Cranberries, Inc. offers you the opportunity to purchase Voluntary Life and AD&D Insurance through **The Hartford Life and Accident Insurance Company**. This optional coverage allows you to enhance your financial protection and help close any gaps that may arise due to age-based reductions, cost-of-living considerations, or personal financial obligations.

Voluntary Life Insurance

You may elect additional Life Insurance coverage to supplement your basic benefit.

- Coverage is available for you, your spouse/domestic partner, and dependent children.
- Premiums are based on your age and the amount of coverage you choose.
- Elections may be subject to Evidence of Insurability (EOI), which includes answering medical questions and possibly undergoing a health review.

Voluntary AD&D Insurance

You may also elect additional AD&D coverage to provide extra protection in the event of accidental death or qualifying injury.

- Coverage is available for you and your eligible dependents.
- Premiums are based on your age and the coverage level selected.
- This benefit pays in addition to any other life insurance in the event of a covered accident.

SUPPLEMENTAL LIFE MONTHLY RATES		
Age	Without AD&D	With AD&D
< age 30	\$0.046	\$0.074
30 – 34	\$0.058	\$0.086
35 – 39	\$0.069	\$0.097
40 – 44	\$0.092	\$0.120
45 – 49	\$0.138	\$0.166
50 – 54	\$0.230	\$0.258
55 – 59	\$0.414	\$0.442
60 – 64	\$0.660	\$0.688
65 – 69	\$1.270	\$1.298
age 70+	\$1.863	\$1.891
Supp. AD&D Rate	N/A	\$0.028
Child Life Rate	\$0.060	N/A
Note: Rates per \$1,000 coverage		



DISABILITY INSURANCE

Ocean Spray Cranberries, Inc. provides income protection through Short-Term Disability (STD) and Long-Term Disability (LTD) coverage administered by The Hartford Life and Accident Insurance Company. These benefits support you if you're unable to work due to illness or injury.

Short-Term Disability (STD)

Full-Time Regular & Part-Time Team Members

- Weeks 1–8: 100% of base pay
- Weeks 9–26: 60% of base pay, up to \$2,500/week
- Benefits begin after 7 days (or immediately for hospitalization)

Non-Union Hourly & Kenosha Union Team Members

- Same as above, but benefits begin immediately for hospitalization

Middleboro Union Team Members

- Hired after 3/1/2006 with 1 year of service: \$350/week
- Hired before 3/1/2006: Same as Non-Union Hourly Team Members

Long-Term Disability (LTD)

Full-Time Regular, Part-Time Regular Salaried Team Members

- Begins after STD ends (180 days)
- 60% of base pay, up to \$17,000/month
- Coverage continues until recovery or normal retirement age
- May extend beyond retirement age if disability begins after age 60

Non-Union Hourly and Kenosha Union Team Members

- 60% of base pay, up to \$5,000/month

Middleboro Union Team Members

- Not eligible for LTD coverage

Taxation Option for LTD

Ocean Spray covers the cost of your Long-Term Disability (LTD) premium. However, you have the option to pay the premium on an after-tax basis, which allows any LTD benefits you receive to be non-taxable should you ever need to use them.

Monthly Cost Formula:

$$\text{Base Pay} \times 0.003 \div 12 = \text{Your Monthly Cost}$$



VOLUNTARY BENEFITS

In addition to your core benefits, Ocean Spray Cranberries, Inc. offers a variety of voluntary benefits available for purchase through post-tax payroll deductions. These options, provided by **LegalEASE**, **The Hartford**, and **LTC Solutions**, allow you to customize your coverage to better meet your personal and financial needs.

Eligibility may vary by employee group—please refer to the benefit summaries for details.

Available voluntary benefits include:

- **Group Legal Insurance**
- **Critical Illness Insurance** (not available to Kenosha and Middleboro union team members)
- **Hospital Indemnity Insurance** (not available to Kenosha and Middleboro union team members)
- **Long Term Care Insurance**

Group Legal Plan - LegalEASE

Legal issues can arise when you least expect them. With **LegalEASE**'s LegalGUARD program, you and your eligible dependents have access to a nationwide network of attorneys and legal resources to help navigate a wide range of personal legal matters.



Covered Services Include:

- Estate planning
- Real estate transactions
- Financial matters
- Document preparation
- Divorce assistance
- Identity theft support
- Help finding an attorney with the right expertise

Additional Resources – Legal Corner

- Free 30-minute consultation with a plan attorney
- 15% discount on hourly rates if you retain a participating attorney
- Interactive attorney directory
- Legal help center with articles and FAQs
- Sample legal documents
- “Legal Eagle” educational videos
- One-on-one financial counseling

Monthly Cost: \$18.35/month (post-tax)

VOLUNTARY BENEFITS

Critical Illness Insurance – The Hartford*

A critical illness can come without warning—and often with significant financial impact. Ocean Spray Cranberries, Inc. offers Critical Illness Insurance through The Hartford Life and Accident Insurance Company to help protect you and your family from out-of-pocket costs associated with serious health conditions.

Who Can Enroll?

Available to:

- Full-Time Team Members
- Non-Union Hourly Team Members
- Eligible Part-Time Team Members

Coverage Options

You may elect coverage for:

- Yourself – Full benefit amount
- Spouse – 50% of your elected benefit
- Child(ren) – 50% of your elected benefit

**Not available to Kenosha and Middleboro union team members.*

Benefit Details

- **Lump-Sum Benefit:** \$20,000 upon diagnosis of a covered condition
- **Partial Benefit:** Up to 25% for certain conditions
- **Waiting Period:** Coverage begins 30 days after enrollment
- **Use of Funds:** Benefit is paid directly to you—use it however you choose
- **Submit a claim:** TheHartford.com/benefits/myclaim

Examples of Covered Conditions

Full Benefit Examples:

- Invasive cancer, heart attack, stroke, renal failure, major organ transplant, ALS, paralysis, blindness

Partial Benefit Examples:

- Non-invasive cancer, coronary artery bypass draft, aneurysm, angioplasty/stent, bone marrow transplant

CRITICAL ILLNESS RATES (MONTHLY FOR \$20,000 COVERAGE)	EMPLOYEE	EMPLOYEE +1	EMPLOYEE +FAMILY
0-24	\$5.85	\$9.60	\$10.04
15-29	\$6.69	\$11.22	\$11.66
30-34	\$8.75	\$15.04	\$15.48
35-39	\$13.01	\$22.18	\$22.62
40-44	\$17.55	\$29.58	\$30.04
45-49	\$27.41	\$44.86	\$45.30
50-54	\$41.45	\$65.94	\$66.38
55 – 59	\$59.33	\$92.56	\$93.00
60 – 64	\$79.55	\$122.14	\$122.58
65 – 69	\$95.23	\$147.68	\$148.12
70-74	\$134.13	\$205.70	\$206.14
75-79	\$174.77	\$267.24	\$267.68

VOLUNTARY BENEFITS

*Hospital Care Insurance – The Hartford**

A hospital stay can be both physically and financially challenging. To help offset unexpected costs, Ocean Spray Cranberries, Inc. offers Hospital Care Insurance through The Hartford Life and Accident Insurance Company for eligible team members.

Who Can Enroll?

Available to:

- Full-Time Team Members
- Non-Union Hourly Team Members
- Eligible Part-Time Team Members

Coverage Options

You may elect coverage for:

- Yourself
- Spouse
- Child(ren) – up to age 26

**Not available to Kenosha and Middleboro union team members.*

Benefit Details

- **Hospital Admission:** \$1,000 per admission (limited to one benefit every 90 days)
- **Daily Hospital Stay:** \$200 per day (up to 30 days)
- **Daily ICU Stay:** \$400 per day (up to 30 days)
- Benefits apply to hospitalizations due to covered illness, injury, or childbirth

TIER	MONTHLY
Employee	\$14.31
Employee +1	\$26.24
Family	\$41.90

How to File a Claim (Critical Illness & Hospital Care)

- **Online:** TheHartford.com/benefits/myclaim
- **Phone:** (866) 547-4205, available Monday - Friday, 8:00am - 6:00pm EST
- **Mail:** Download the form at TheHartford.com/benefits/myclaim and mail to:
 - P.O. Box 99906
 - Grapevine, TX 76099
- **Fax:** Download the form at TheHartford.com/benefits/myclaim and fax to (469) 417-1952
- **Need Help?** Call Customer Service Center at **(866) 547-4205**

For full details, refer to the Ocean Spray Cranberries, Inc. 2025 The Hartford – CI & HI Member Summary.

VOLUNTARY BENEFITS

*Long Term Care Insurance – Unum**

Planning for long-term care is an important part of securing your financial future. Ocean Spray Cranberries, Inc. offers Long-Term Care (LTC) Insurance through **Unum** to help protect you and your family from the high costs of extended care due to illness, injury, or aging.



Why Consider LTC Insurance?

Did You Know?

- 67% of Americans age 65+ will need long-term care at some point
- 44% of those receiving care are under age 65
- Health insurance, disability insurance, and Medicare do not cover long-term care expenses
- The average cost of nursing home care is \$127,750/year, with an average stay of 3 years

What's Covered?

- Nursing home care
- Assisted living facilities
- Professional home care
- Community-based care services

Eligibility

Available to:

- Available to benefit-eligible employees working 22.5+ hours per week
- Spouses/domestic partners and eligible family members may apply (subject to medical underwriting)

Key Features

- Enrollment is available exclusively during the Open Enrollment period, not New Hire period.
- Issue Age Rates: Premiums are based on your age at enrollment and do not increase as you age
- Portable Coverage: Keep your coverage if you leave Ocean Spray, at the same rate
- Payroll Deducted Premiums for convenience
- Customizable Plans: Choose benefit amounts that fit your needs



Learn More, View Rates, and Apply Online: www.myltcguide.com/oceanspray
Talk with an LTC Benefits Expert: (877) 286-2852

401(k) Savings Plan – Fidelity*

Ocean Spray Cranberries, Inc. offers a 401(k) Savings Plan through **Fidelity** to help you build a strong financial foundation for retirement. The earlier you start contributing, the more you can benefit from long-term growth and company contributions.



Eligibility

Available to:

- Full-Time Regular Team Members
- Part-Time Team Members
- Non-Union Hourly Team Members
- Kenosha Union Team Members

OSC Contributions & 2026 Limits

Company Match: 50% of each pre-tax dollar you contribute, up to 6% of pay*

Fixed Contribution: 3% of your eligible pay, regardless of your contribution*

Discretionary Match: May be provided based on company performance

Employee Contribution Limit: \$24,500

Catch-up Contribution (age 50+): \$8,000

Enrollment & Contributions

- **Eligible on Day 1** of employment
- Contribute **1% to 75% of eligible pay** on a pre-tax or Roth 401 (k) basis, up to IRS annual limits
- **Automatic Enrollment:** If you don't opt out, you'll be enrolled at 4% after 35 days of employment
- **Automatic Annual Increase:** Your contribution will increase by 1% each year, up to 6% unless you opt out.

Additional Plan Highlights

- Access to a wide range of investment funds and professional guidance
- 100% vested in your own contributions immediately
- Vesting in company contributions occurs after 3 years of service
- You may borrow up to 50% of your vested balance (up to \$50,000)
- Withdrawals before retirement may be subject to taxes and penalties

Access your account 24/7 via www.401k.com

Call Fidelity at **800-421-3844**, Mon–Fri, 8:30 AM–8:00 PM EST, excl. NYSE holidays)

**Middleboro Union Team Members are not eligible for the company match or fixed contribution, but may receive Ocean Spray's annual discretionary match.*



ADDITIONAL FINANCIAL RESOURCES

Tuition Reimbursement

At Ocean Spray Cranberries, Inc., we support lifelong learning and career development. Our **Tuition Reimbursement Program** helps eligible team members pursue job-related education to grow professionally.

Eligibility

All regular, full-time salaried and hourly team members (*excluding those in Markham*) are eligible to participate in the Tuition Reimbursement Program after completing 90 days of continuous service.

To qualify:

- Courses must begin after your 90-day employment milestone.
- You must be actively employed at the time of:
 - Application submission
 - Application approval
 - Reimbursement payment processing



Reimbursement Details

- Up to \$5,250 per calendar year
- Covers tuition, registration, lab, and technology fees
- Requires pre-approval from your manager and Benefits
- Submit grades and itemized receipts within 60 days of course completion
- Reimbursement is processed via Workday (check or direct deposit)

Eligible Programs

Courses must relate to your current role or a defined career path at Ocean Spray and be offered by a regionally or nationally accredited institution.

Eligible programs include:

- Associate/Bachelor's Degrees
- Master's/Doctorate Degrees
- Certificate Programs
- Individual College-Credit Courses
- Professional Certifications/Designations
- GED/Diploma Prep & Exams



For full details, visit the "Our Policies" page on the intranet and review the Tuition Reimbursement Policy.

Hal Thorkilsen Scholarship Program

Established in 1988, the **Hal Thorkilsen Scholarship Fund** encourages and supports higher education for children of full-time Ocean Spray team members. Scholarship recipients may receive financial assistance ranging from \$1,000 to \$3,000 USD toward education expenses for a full-time post-secondary program at an accredited two- or four-year college, university, or vocational/technical school.

Eligibility

Your child is eligible to apply if the following criteria are met:

- Applicant must be:
 - A dependent child of a full-time employee of Ocean Spray Cranberries, Inc. or its subsidiaries in the United States, Canada, or the United Kingdom.
 - A student or graduate planning to enroll or currently enrolled in a full-time post-secondary course of study at an accredited two- or four-year college, university, or vocational-technical school for the entire upcoming academic year.
- You, as the team member, must be:
 - A full-time employee (not an officer or a member of the Pension and Savings Committee).
 - Employed by Ocean Spray for at least one year of continuous full-time status.

Want to Learn More?

For questions or additional information, please contact:

✉ fitforlifebenefits@oceanspray.com

✉ halthorkilsen@scholarshipamerica.org

Annual application deadlines apply.

Learn more and apply at:

<https://learnmore.scholarsapply.org/>



Team Member Relief Fund

At Ocean Spray, we believe in supporting our team members during life's difficult moments. The **Team Member Relief Fund**, managed by **Canary**, provides financial assistance to team members experiencing unexpected hardship. Grants are available to help ease the burden—and team members can also contribute to the fund to support their team members in need.

How It Works

- Team members facing unexpected financial hardship may apply for a grant of **up to \$1,000 per calendar year**
- Requests are submitted online at <https://oceanspray.grantcircles.org/>
- If approved, grants are paid out via PayPal
- If you have questions, please email oceanspray@grantcircles.org

Eligible Hardships

- To qualify, the hardship must have occurred within the last **six months**.
- Documentation is required for requests over \$200, and eligibility may vary based on the situation.
- Expenses reimbursable by insurance or similar agreements are not eligible.
- All requests are reviewed in **1-2 business days**. Additional documentation may be required beyond the initial application which may delay the review process.

Examples of eligible hardships include:

- Natural disasters (e.g., hurricane, fire, flood)
- Medical issues affecting the team member or a dependent
- Emergency car repairs for essential transportation
- Eviction or forced move due to involuntary circumstances
- Death in the family (spouse/partner, child, sibling, parent, grandparent, aunt, uncle)
- Emergency home/property damage (e.g., burst pipe)
- Domestic issues (e.g., domestic violence, unexpected caregiving, sudden housing loss)
- Robbery, burglary, or theft of personal property
- Utility disconnection
- Significant (30%+), involuntary, and unexpected loss of household income

DONATION

Give to the Ocean Spray Grant Circle

Add money to the pool so it's there when you or your team members need it.

Donate via **Workday** payroll or on the **Grant Circles portal!**

Philanthropy

At Ocean Spray, one of our core beliefs is the importance of giving back. We're proud to contribute over \$2 million annually in product and cash donations to support the communities where we live and work. As a valued partner in our corporate giving program, you have several meaningful ways to get involved:

Workplace Giving Program - Fidelity

Administered by Fidelity, Ocean Spray will match 50% of your charitable gift, up to \$500, when donated to a 501(c)(3) organization that aligns with our corporate giving structure.

To donate or to learn more about the Workplace Giving Program, log into your 401(k) account at www.netbenefits.com.



Volunteerism at Ocean Spray **Using Your Volunteer Time:**

We encourage all team members to donate their time and talents to organizations that make a positive impact in our communities. Ocean Spray supports this commitment by offering dedicated volunteer time for salaried team members.

Volunteer Time Benefit:

- **Eligibility:** Salaried team members
- **Time Provided:** Up to two (2) volunteer days per calendar year, equivalent to 15 hours total (2 × 7.5-hour days)
- **Tracking:** Volunteer hours are recorded in Workday

- Volunteer time may be used in any increment (e.g., 1 hour, 2 hours, full day)
- For increments exceeding two (2) hours in a single day, team members are encouraged to obtain manager approval to help manage workload
- Unused volunteer time does not carry over to the next calendar year

Volunteer activities that occur outside of regular work hours or on non-workdays are considered voluntary only. These activities are not eligible for pay.

FAMILY CARE BENEFITS

Maven: Support for Every Stage of Parenthood

Ocean Spray partners with **Maven** to provide culturally humble, 24/7 support for team members navigating parenthood. Maven offers access to a diverse network of providers and care advocates who understand your unique needs.



Support Across Life Stages

- **Planning:** Connect with providers, educational content, and coaching to prepare for parenthood.
- **Fertility:** Explore options like IUI, IVF, or egg freezing. Receive discounts at partner clinics and join a supportive community.
- **Pregnancy:** Get 24/7 access to OB-GYNs, midwives, doulas, and more. Receive guidance on birth plans, nutrition, and pregnancy-related questions.
- **Postpartum:** Access lactation consultants, pediatricians, infant sleep coaches, and mental health specialists for support with stress, postpartum depression, and anxiety.
- **Return to Work:** Partner with career coaches and access resources to ease your transition back to work after parental leave.
- **Parenting & Pediatrics:** Get expert support for children ages 1–10, including medical advice, care coordination, and parenting resources.
- **Menopause:** Manage symptoms and build healthy habits with long-term benefits,

Maven Milk

Maven Milk helps new parents transition back to work by offering safe and reliable breast milk shipping—fully covered by Ocean Spray.

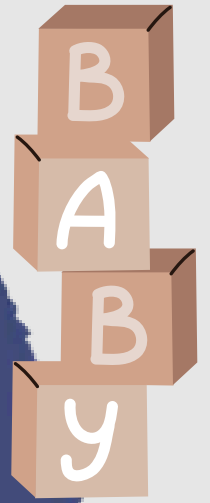
- **Activate Your Membership:** Visit www.mavenclinic.com/join/bms
- **Select Maven Milk Track** to access breast milk shipping options.
- **Kit Options** Based on Travel Type
- **Convenient Shipping:** Kits are shipped directly to your home or travel accommodations.
- A dedicated Care Advocate will help determine the right kit based on your trip length and needs.



Bump Boxes - Celebrating Parenthood

Ocean Spray celebrates the arrival of your little one with a newborn-neutral **Bump Box**, filled with fun and healthy products for both parents and baby.

When mothers return to work after maternity leave, they'll also receive a Return-to-Work Bump Box—designed to support and ease the transition back into professional life.



Torchlight: Caregiver Support



Caring for a loved one—whether a child with special needs or an aging parent—can be overwhelming. That's why Ocean Spray partners with **Torchlight** to provide expert guidance and practical support for caregivers in the workforce.

What Torchlight Offers

- Support for caregivers of children and elders
- Real-time access to expert advisors and caregiving strategies
- Decision support tools and a personalized caregiving knowledge base
- Help navigating complex care needs, reduce stress, and improve outcomes.



What You Get

- Free access to top specialists—support that could otherwise cost thousands privately
- Step-by-step guidance on topics like IEPs, dementia care, behavioral challenges, and more
- Personalized content tailored to your caregiving needs
- Live advisor support—schedule time with experts directly through the platform
- Decision-making tools to help you explore options and make informed choices

How to Get Started

Visit oceanspray.torchlight.care

Complete a profile for your loved one

Torchlight will guide you to tailored resources and best practices

Need expert advice? Schedule a consultation directly through the portal

Bright Horizons: Back-Up Care for Your Loved Ones

Ocean Spray partners with Bright Horizons Family Solutions to help you manage life's unexpected moments. Whether you need care for a child, adult, elder—or even a pet—**Bright Horizons** provides high-quality back-up care when your regular arrangements fall through.

What Bright Horizons Offers

- Team members receive **10 back-up care days per calendar year**
- Access to childcare, elder care, and pet care
- Priority placement on waitlists at participating childcare centers
- Discounts at select care providers
- School vacation, holidays and summer camps
- Peace of mind when “life happens”

Virtual Tutoring

You can also use your back-up care benefit for virtual tutoring for children ages 5–18. Each back-up care use can be exchanged for 4 hours of tutoring in over 300 subjects, including targeted support in math and reading.

How to Get Started

- Visit <https://bhlogin.brighthouse.com/>
- Enter employer name: **Ocean Spray**
- Enter login information or register if needed

Questions?

- ✉ Email: fitforlifebenefits@oceanspray.com
- ☎ Call Bright Horizons: 1-877-242-2737



LifeMart: Everyday Savings Made Easy

Ocean Spray partners with **LifeMart** to help you save on everyday expenses—from childcare and groceries to travel and electronics.



As an Ocean Spray Team Member, you get exclusive discounts on:

- Childcare & education
- Health & wellness (gyms, nutrition plans, grocery coupons)
- Furniture, appliances & electronics
- Car buying & auto services
- Travel (hotels, car rentals)
- Entertainment (theme parks, movies, restaurants)
- Clothing, flowers, gifts & more
- Local deals nationwide

Get Started

- Visit lifecare.com
- Use registration code: **OCEANSPRAY**
- Download the LifeMart mobile app for savings on the go

Will Preparation with EstateGuidance®

Thanks to The Hartford, you have access to **EstateGuidance®**, a convenient online tool to create a simple will from home. It's backed by licensed attorneys and helps you protect your family's future with ease.



For More Information:

- Visit <https://www.estateguidance.com>, use registration code: **WILLHLF**

Identity Theft Protection



Included with your life insurance benefit through **The Hartford Life and Accident Insurance Company**, this service offers free identity theft support, including:

- Education on prevention
- Help completing affidavits and canceling lost credit cards
- Unlimited access to a personal case manager until resolved

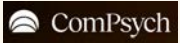
For More Information:

- Visit <https://www.thehartford.com/> or call **1-800-243-6108**

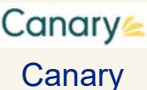


CONTACT INFORMATION

We're here to help! If you have questions about your benefits, please reach out to the contacts listed below. And remember — the Benefits Team is always here to support you.

Carrier	Type of Coverage	Contact Information
 Blue Cross Blue Shield of MA	Medical	1.800.872.5298 bluecrossma.org
 Ahealthyme - BCBSMA	Wellness Program	1.888.617.0696 wellness.ahhealthyme.com
 CVS	Prescription Drug Coverage	Customer Care 833.298.9972
 Fidelity Investments	Health Savings Account 401(k)	1.800.742.4015 netbenefits.com
 Sentinel Group	Section 125 - Flexible Spending Account	1.888.762.6088 sentinelgroup.com
 Delta Dental of MA	Dental	1.800.872.0500 deltadentalma.com
 VSP Vision Care	Vision	1.800.877.7195 vsp.com
 ComPsych	Mental Health and Work/Life Services	www.oceanspraybenefits.com

CONTACT INFORMATION

Carrier	Type of Coverage	Contact Information
 The Hartford Life and Accident Insurance Company	Life and AD&D Voluntary Life and AD&D, STD, LTD, Critical Illness, Hospital Care, Identity Theft, Will Prep	1.800.523.2233 thehartford.com
 Unum	Long Term Care Insurance	877.286.2852 ltc-solutions.com
 Hal Thorkilsen Scholarship Fund	Ocean Spray Scholarship Program	scholarshipapply.org
 Canary	Team Member Relief Fund	oceanspray.grantcircles.org oceanspray@grantcircles.org
 Maven	Parenthood/Family Planning	https://www.mavenclinic.com/
 Bump Boxes	New Parent Gift	fitforlifebenefits@oceanspray.com
 Torchlight	Caregiver Support	oceanspray.torchlight.care
 LegalEASE	Legal Insurance	1.800.248.9000 legaleaseplan.com



CONTACT INFORMATION

Carrier	Type of Coverage	Contact Information
 LifeMart	Discount Service	lifecare.com Registration code: OCEANSPRAY
 Bright Horizons	Backup Care & Tutoring	1.877.242.2737 brighthorizons.com
Business Travel Accident	BTA Insurance	Traveling in US or Canada: 1.800.626.2427 Travelling outside US: 0+1.713.267.2525 collect
Ocean Spray Benefits Team	Benefit Inquiries	fitforlifebenefits@oceanspray.com

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply.

NEWBORNS ACT DISCLOSURE - FEDERAL

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

ADA NOTICE REGARDING WELLNESS PROGRAMS

AHealthyMe is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease,

including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$400 per eligible for Preventive screenings and AHealthyMe health assessment.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Ocean Spray Cranberries may use aggregate information it collects to design a program based on identified health risks in the workplace, AHealthyMe will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is your doctor in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Blue Cross Blue Shield at 1-888-617-0696.

HIPAA WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 1-888-617-0696 or bluecrossma.ahelthyme.com and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

PATIENT PROTECTION MODEL DISCLOSURE

Blue Cross Blue Shield generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Blue Cross Blue Shield of Massachusetts at 1-800-872-5298.

You do not need prior authorization from Blue Cross Blue Shield of Massachusetts or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Blue Cross Blue Shield of Massachusetts at 1-800-872-5298.

MICHELLE'S LAW DISCLOSURE

Under the ACA, dependent children are covered by the group health plan until age 26. Ocean Spray Cranberries group health plan extends dependent coverage beyond the ACA requirements so long as the child is covered as a student. If your child has extended coverage as a student but loses their student status because they take a medically necessary leave of absence from school your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This is available if, immediately before the first day of the leave of absence, your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges and universities).

To obtain more information, contact person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information About Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim. Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance With Your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Ocean Spray Cranberries HR Department
1 Ocean Spray Drive 02347
Lakeville, MA United States

fitforlifebenefits@oceanspray.com

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to Your Health Information, You Have Certain Rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- *If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases, we never share your information unless you give us written permission:
- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer Your Plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do Research

We can use or share your information for health research.

Comply With the Law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- January 1, 2026
- Human Resources Department; 508-946-1000

If you are receiving a copy of this notice electronically, you are responsible for providing a copy of it to any Part-D eligible dependents covered under the group health plan.

Important Notice from Ocean Spray Cranberries About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Ocean Spray Cranberries has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Massachusetts for the plan year 2026 is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in one of the Blue Cross Blue Shield of Massachusetts Plans and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
 - o During the Medicare prescription drug annual enrollment period, or
 - o If you lose Blue Cross Blue Shield of Massachusetts Plan creditable coverage.
- You may stay in one of the Blue Cross Blue Shield of Massachusetts Plans and also enroll in a Medicare prescription drug plan. The Blue Cross Blue Shield of Massachusetts Plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in one of the Blue Cross Blue Shield of Massachusetts Plans and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in one of the Blue Cross Blue Shield of Massachusetts Plans, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

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

You should also know that if you drop or lose your current coverage with Ocean Spray Cranberries and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug

coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the Ocean Spray Cranberries, Inc. Human Resources Department listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period, you can join a Medicare drug plan, and if this coverage through Ocean Spray Cranberries changes. You may also request a copy of this notice at any time.

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	01/01/2026
Name of Entity/Sender:	Ocean Spray Cranberries
Contact--Position/Office:	Human Resources Department
Address:	1 Ocean Spray Drive, Lakeville MA 02347
Phone Number:	508-446-1000

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

<i>ALABAMA – Medicaid</i>	<i>ALASKA – Medicaid</i>
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
<i>ARKANSAS – Medicaid</i>	<i>CALIFORNIA – Medicaid</i>
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
<i>COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)</i>	<i>FLORIDA – Medicaid</i>

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
<i>GEORGIA – Medicaid</i>	<i>INDIANA – Medicaid</i>
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
<i>IOWA – Medicaid and CHIP (Hawki)</i>	<i>KANSAS – Medicaid</i>
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-3469562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
<i>KENTUCKY – Medicaid</i>	<i>LOUISIANA – Medicaid</i>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<i>MAINE – Medicaid</i>	<i>MASSACHUSETTS – Medicaid and CHIP</i>
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com

<i>MINNESOTA – Medicaid</i>	<i>MISSOURI – Medicaid</i>
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1800657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

<i>MONTANA – Medicaid</i>	<i>NEBRASKA – Medicaid</i>
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<i>NEVADA – Medicaid</i>	<i>NEW HAMPSHIRE – Medicaid</i>
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
<i>NEW JERSEY – Medicaid and CHIP</i>	<i>NEW YORK – Medicaid</i>
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
<i>NORTH CAROLINA – Medicaid</i>	<i>NORTH DAKOTA – Medicaid</i>
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1844854-4825
<i>OKLAHOMA – Medicaid and CHIP</i>	<i>OREGON – Medicaid and CHIP</i>
Website: http://www.insureoklahoma.org Phone: 1888365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1800699-9075
<i>PENNSYLVANIA – Medicaid and CHIP</i>	<i>RHODE ISLAND – Medicaid and CHIP</i>
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)

<i>SOUTH CAROLINA – Medicaid</i>	<i>SOUTH DAKOTA - Medicaid</i>
Website: https://www.scdhhs.gov Phone: 1888549-0820	Website: http://dss.sd.gov Phone: 1888828-0059
<i>TEXAS – Medicaid</i>	<i>UTAH – Medicaid and CHIP</i>
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance(UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
<i>VERMONT– Medicaid</i>	<i>VIRGINIA – Medicaid and CHIP</i>
Website: Health Insurance Premium Payment(HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs MedicaidCHIP Phone: 1-8004325924
<i>WASHINGTON – Medicaid</i>	<i>WEST VIRGINIA – Medicaid and CHIP</i>
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1855MyWVHIPP (1-855-6998447)
<i>WISCONSIN – Medicaid and CHIP</i>	<i>WYOMING – Medicaid</i>
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1800251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebssa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12/31/2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lower your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meets minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name of Entity/Sender:	Ocean Spray Cranberries
Contact--Position/Office:	Human Resources Department
Address:	1 Ocean Spray Drive, Lakeville MA 02347
Phone Number:	508-446-1000

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Ocean Spray Cranberries		4. Employer Identification Number (EIN) 04-1215610	
5. Employer address 1 Ocean Spray Drive		6. Employer phone number 508-446-1000	
7. City Lakeville	8. State MA	7. City Lakeville	
10. Who can we contact about employee health coverage at this job? Human Resources Department			
11. Phone number (if different from above) 508-446-1000		12. Email address fitforlifebenefits@oceanspray.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - ☒ All employees. Eligible employees are:
Full-Time employee working 30 hours or more hours per week.
 - ☐ Some employees. Eligible employees are:
- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:
 - Spouse
 - Domestic Partner
 - Dependent Child(ren) to age 26
 - Dependent Child who must be provided with health coverage, as required by a Qualified Medical Child Support Order
 - Dependent child who is physically or mentally disabled: proof of disability required
 - ☐ We do not offer coverage.

- ☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

CONTACT US

Email: fitforlifebenefits@oceanspray.com

Website: www.oceanspraybenefits.com

Scan the QR code to go to the benefits website!



Legal Disclaimer: The information provided in this guide is intended solely as general information and support and should not be construed as legal advice or a legally binding interpretation. In the event of any discrepancies or questions regarding rights, responsibilities, or procedures in this guide, the operative document (whether an official policy, plan document, or collective bargaining agreement) shall serve as the final authority and take precedence.