

Martha's Table

EDUCATION • FOOD • OPPORTUNITY



JUNE 1, 2026 - MAY 31, 2027

TEAM MEMBER BENEFITS GUIDE

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A MESSAGE TO OUR TEAM:

Dear Team MT,

We are committed to being recognized by our team, neighbors, and nationally as an innovative and best-in-class nonprofit; so we ensure our team members are provided with exceptional benefits including medical, dental, vision, life, and disability insurance.

Team Members can also take advantage of tax vehicles such as a Healthcare Flexible Spending Account (FSA), Limited Purpose FSA, Dependent Care FSA, Transit FSA, and Parking FSA.

We make it a priority to keep you and your loved ones covered in the event of unforeseeable circumstances so you can focus on fulfilling your career potential and leading a healthy, well-rounded life.

- Your Executive and HR Teams



CARRIER CONTACT INFORMATION

PLAN	CARRIER	GROUP NUMBER	CUSTOMER SERVICE INFORMATION
Medical	CareFirst Administrators	MTR	Website: www.cfablue.com Member Services Number: 877-889-2478
Health Savings Account	Optum Bank	MTR	Website: www.optumbank.com Member Services Number: 800-243-5543
Flexible Savings Account/ Dependent Care Account	iSolved	-	Website: www.isolvedhcm.com Member Services Number: 800 733-8839
Dental	Guardian	00513416	Website: www.guardianlife.com Member Services Number: 800-541-7846
Vision			Website: www.guardianlife.com Member Services Number: 877-814-8970
Basic Life and AD&D			Website: www.guardianlife.com Member Services Number: 800-525-4542
Voluntary Life and AD&D			
Short-Term Disability			Website: www.guardianlife.com Member Services Number: 800-268-2525
Long-Term Disability			Website: www.guardianlife.com Member Services Number: 800-538-4583
Employee Assistance Program			Website: www.guardianresources.com Member Services Number: 844-869-2365
LegalShield			LegalShield
Commuter Benefits	iSolved	-	Website: www.isolvedhcm.com Member Services Number: 800 733-8839
Accident, Critical Illness. Hospital Indemnity	Aflac	-	Website: www.aflac.com Member Services Number: 800-433-3036
Pet Insurance	Pet Benefit Solutions	-	Website: www.wishboneinsurance.com/marthastable Member Services Number: 800-887-5708

ELIGIBILITY AND ENROLLMENT

WHO IS ELIGIBLE

Team Members | Full-time Team Members who work at least 30 hours per week are eligible for benefits on the first of the month following or coinciding from the date of hire.

Dependents | Team Members may enroll legal spouses and dependent children up to age 26, regardless of student or marital status.

Domestic Partners | A domestic partner is defined as a person who cohabitates or resides with the Team Members in a domestic partnership, same sex or otherwise, and can document evidence of financial interdependence existing for at least six consecutive months prior to application.

Domestic Partners Benefits | *Team Members who wish to apply for domestic partner benefits must complete a statement of domestic partnership.* Please reach out to HR to learn more about our company's domestic partner policy, eligibility/benefit criteria, and documentation requirements.

Domestic Partners Tax Implications | Per IRS regulations, the fair market value of benefits for domestic partners (including coverage for a domestic partner's legal dependent(s)) must be reported as taxable income to the Team Member. Furthermore, a domestic partner's share of premium is not eligible for pre-taxation. Therefore, Team Member contribution towards the cost of adding a domestic partner will be deducted on an after-tax basis. We recommend consulting with a tax advisor to better understand the tax implications of your domestic partner benefit election.

WHEN TO ENROLL

First Eligibility | If you are a new hire or newly eligible for benefits, you must enroll in your benefit plans within 30 days of your eligibility date. If you waive coverage upon first eligibility, you will be required to wait until the next open enrollment or when you experience a qualifying event.

Open Enrollment | Team Members may make benefit changes during open enrollment, which is in May for a June 1 effective date. Your coverage will be in place until the next open enrollment.

Qualifying Event (QE) | A qualifying event is a documented, life status change. If you experience one of these events during the course of your benefit plan year, you may be able to make changes to your plans and coverage.

HOW TO ENROLL

Online Enrollment | The enrollment process is completed exclusively through the ADP Workforce Now self service portal. For successful onboarding, newly hired team members must complete the enrollment process within the first 30 days of employment. For the **June 2026 - May 2027 plan year, Open Enrollment will occur from May 4, 2026 through May 13, 2026.** When team members log-in to the ADP self-service portal during the open enrollment period, a splash message will display, encouraging them to complete their enrollment through a step-by-step process. For more information, refer to the Benefits Enrollment Instructions.

QUALIFYING EVENTS

Here is a list of approved qualifying events in accordance with IRS code Section 125:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or a child
- Change in residence or work location that affects benefits eligibility for you or your covered dependents
- You or one of your covered dependents gain or lose coverage due to a change in employment status i.e. employment termination or reduction of hours
- Gain or loss of qualified coverage

While this list contains the most relevant qualifying events, check with your Human Resources Department to see if you may qualify for other enrollment periods. Depending on the type of change, you may need to provide proof of the qualifying event (for example, a marriage license or birth certificate).



If you do not notify Human Resources within 30 days of your QE, you will have to wait until the next annual open enrollment period to make benefit changes.

GETTING THE MOST OUT OF YOUR MEDICAL PLAN

As a member of Martha's Table medical plans with Care First Administrators (CFA) you have access to the BCBS network. You also have access to a variety of services and resources online at **My CFA Account**.

REGISTERING AND CREATING AN ACCOUNT

Your **My CFA Account** is easy to use—all you need is a computer with Internet access. This is a secure website that is password protected and data encrypted.

1. Navigate to portal.cfablue.com.
2. Enter your username.
3. Enter your temporary password: Password#1
4. After logging in, you will be prompted to create a new password to access the portal.
5. Complete your security questions and account recovery information.

VIEWING YOUR PERSONAL CLAIMS

1. Click on **Status** to the left of the screen and choose **Claims History** from the dropdown options.
2. A default start date will appear under your participant ID and group. Enter the date for a specific claim you would like to review or leave the default date in place and click the **Submit** button.
3. A list of claims will be produced beginning with the date entered and any thereafter.
4. The **Accumulators** dropdown located above the list of claims will allow you to view claims by category.

FIND A DOCTOR, HOSPITAL, OR URGENT CARE

Whether you need a doctor or facility, the Provider Search online tool can help you find what you're looking for based on your specific needs. We make it easy for you to find the doctors you need using the BlueCard PPO network. To find participating providers and facilities, follow the steps below:

1. Go to portal.cfablue.com
2. Select the **Members** tab on the top left-hand side of the screen.
3. Under Find a Doctor, click on **Search Providers**
4. Under Medical, click **Find a Doctor**
5. Next, enter your location and the first three (3) letter or numbers of your member ID, located on the front of your ID card. Or you can click **Or, Select a plan** and select **BlueCard PPO/EPO** to search for participating doctors, specialties and facilities, based on their criteria.
6. Then select a category from the drop down menu or type in your search criteria in the search box.
7. Click **Search**

HOW TO ACCESS YOUR ID CARD:









- To get started, visit portal.cfablue.com and click Log In or Register on the top right hand corner. The homepage presents everything at your fingertips
- View or print your digital member ID card, in case your current card is lost or stolen
- Request member ID cards: If your card is lost or stolen, request a new one by completing the steps. The new card will be shipped to your mailing address.

GETTING THE MOST OUT OF YOUR MEDICAL PLAN

CareFirst Administrators is proud to offer these additional services that allow you to get the most out of your medical plan.

BLUE365

Blue365 is an exciting program that offers exclusive health and wellness deals. **Blue365** delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more. www.blue365deals.com

<p>FINANCIAL HEALTH </p>  <p>PETPLAN 10% Discount on Pet Insurance and One Free BarkBox</p> <p>VIEW DETAILS</p>	<p>FITNESS </p>  <p>REEBOK 20% Discount Online or 15% Off at Outlet Stores</p> <p>VIEW DETAILS</p>	<p>HEALTHY EATING </p>  <p>NUTRISYSTEM 40% Discount on Nutrition Products and Services</p> <p>VIEW DETAILS</p>	<p>PERSONAL CARE </p>  <p>LASIKPLUS Over \$800 Off LASIK</p> <p>VIEW DETAILS</p>
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BLUECROSS BLUESHIELD GLOBAL CORE® (FORMERLY BLUECARD WORLDWIDE)

As an eligible BlueCross and BlueShield member, you can take advantage of Global Core —an international network outside of the United States, Puerto Rico, and U.S. Virgin Islands. With Global Core, world travelers have convenient access to doctors, hospitals, and resources for urgent and emergency care*. To get the most out of Global Core, download the free mobile app on the Apple or Android app store.



Core



FEATURES

- Search for providers, facilities, hospitals and emergency rooms using GPS technology.
- Find a medication's availability, generic name, and local brand name.
- Access embassy information including location, contact, and emergency phone numbers.
- Translate medical terms and phrases for many symptoms and situations: use the audio feature to play the translation.
- File claims conveniently and securely.

If you have questions about Global Core, call the Global Core Worldwide Service center at **1 (800) 810-2583** or Collect at **1 (804) 673-1177** for assistance.

**Using a Global Core provider is not a guarantee of coverage. Refer to your Summary Plan Description for more information.*

CAREFIRST VIRTUAL URGENT AND PRIMARY CARE

CloseKnit is our leading virtual-first care practice, offering high-quality, personalized care via your desktop or the CloseKnit mobile app. With CloseKnit, you can access a wider variety of care services available in all 50 states and Washington D.C., including:

PRIMARY CARE

Full-service primary care from a dedicated Care Team.

(For adults age 18+)

- Preventive care and support for chronic conditions
- 24/7/365 access to live chat with your dedicated Care Team
- Convenient appointments, including nights and weekends

URGENT CARE

Average wait time is 30 minutes or less.

(For adults and children age 2+)

- Great for common illnesses and minor injuries
- 24/7/365 access to providers—no appointments necessary

BEHAVIORAL HEALTH SERVICES

Expert help from licensed therapists and psychiatrists.

(For adults and children ages 2+)

- Short- and long-term therapy and medication management
- Appointments built around your schedule

NEW PARENT SUPPORT

Lactation services and support for new parents and nursing mothers.

- Prenatal risk assessments
- Postnatal feeding education and weaning programs
- Appointments built around your schedule

NUTRITION SERVICES

Guidance and support for healthy eating, weight loss and more.

- Great for getting support to help you meet your goal(s)
- Work with experienced, registered dietitian nutritionist



\$0 Primary care and \$0 mental health virtual visits through Closeknit. If on the HDHP, then cost is \$0 after the deductible is met.



Learn more and register
at closeknit.com.



CONIFER PERSONAL HEALTH PROGRAM

CONIFER
HEALTH SOLUTIONS®

PERSONAL HEALTH MANAGEMENT PROGRAM

Personal Health Management is a free, confidential program that empowers medical plan members to become informed and proactive about leading a healthier life. Whether you are chronically ill, suffering from complex medical conditions, or experiencing an acute illness, navigating the evolving healthcare system can be challenging. The Personal Health Management Program offers one-on-one support by collaborating with you and your healthcare providers to develop your customized care plan. The goal is to provide the peace of mind you need to start focusing on the right things, like improving and maintaining your health.

HOW DOES IT WORK?

An experienced nurse employed by Conifer Health reviews your health information and determines if you, or a dependent, could benefit from Personal Health Management support. If you qualify for the program, a nurse will call you to provide you with key information about the program and to discuss your healthcare needs. If you choose to enroll in the program, the nurse becomes your personal health nurse and serves as your healthcare advocate — helping you live a healthier life through personalized, convenient support. Additionally, if you feel that you qualify for the Personal Health Management program, you may contact your personal health nurse directly.

CONIFER HEALTH SOLUTIONS

Conifer Health is a certified health solutions company and a national leader in personal health management and healthcare technology. With 30 years in the healthcare industry and on-the-ground experience in 135 markets nationwide, Conifer helps members navigate the ins and outs of health systems and provide the tools for them to adopt healthy behaviors through collaboration and education. Throughout the Personal Health Management Program, your medical information is handled in a confidential, HIPAA secured, and professional manner, and will not be shared with Martha's Table, Inc. or anyone else without your consent.



We encourage you to take the call from your dedicated Conifer Personal Health Nurse. They are here to help you!



For more information contact Conifer at:
866-623-5048



GETTING THE MOST OUT OF YOUR PRESCRIPTION PLAN

CVS / CAREMARK

When you register at [Caremark.com](https://www.caremark.com), you will get access to tools and resources that make managing your pharmacy benefits easier and more convenient.

THERE ARE THREE EASY WAYS TO REGISTER:

- Go to [Caremark.com](https://www.caremark.com), click the Register button and follow the instructions to sign up.
- Download the CVS Caremark mobile app from Google play or the App store to register your account.
- Call the number on the back of your member ID card and a representative will get you started with a personalized registration email or text.

To find a participating pharmacy:

 www.caremark.com

REGISTER TO:

- Refill your prescriptions.
- Check the status of your order.
- Review your coverage and track annual spending.
- Locate network pharmacies near you.
- Check medication costs and find opportunities to save money,
- Log into [Caremark.com](https://www.caremark.com) from your desktop to access these additional features: manager your profile information, including shipping addresses, payment methods and notifications.

PARTICIPATING EXTENDED DAY SUPPLY (EDS 90) RETAIL PHARMACIES

The network allows plan members to fill up to a 90 day supply of medications. The network includes all major chains and most independent pharmacies. The following list shows the major chain pharmacies that accept your prescription ID card. In addition to the pharmacies listed in the below link, many independent pharmacies also take part in your prescription program. To find out if a pharmacy not listed here accepts your card, call the pharmacy directly.



Visit [Caremark.com/welcome-center](https://www.caremark.com/welcome-center) or scan the QR code to download the CVS Caremark mobile app and register today.



MILU HEALTH

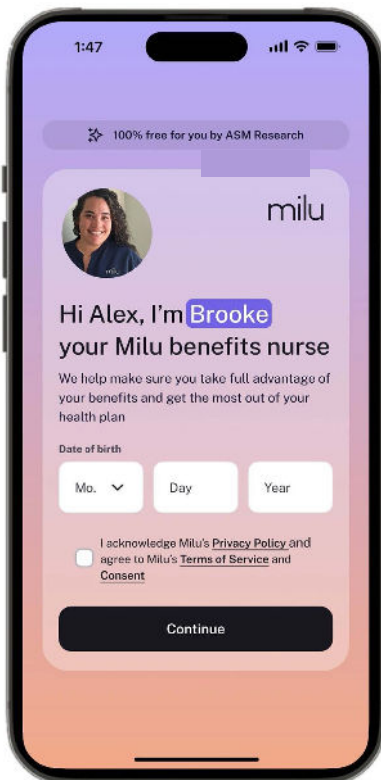
NEW

MEET THE MILU TEAM!

HEALTHCARE IS HARD—OUR TEAM MAKES IT EASIER FOR YOU

Milu Health is a benefit for team members to help you save money on your healthcare costs and get the care you need. Our care team helps you make the most of your healthcare benefits, find medical savings, and even navigate medical bills.

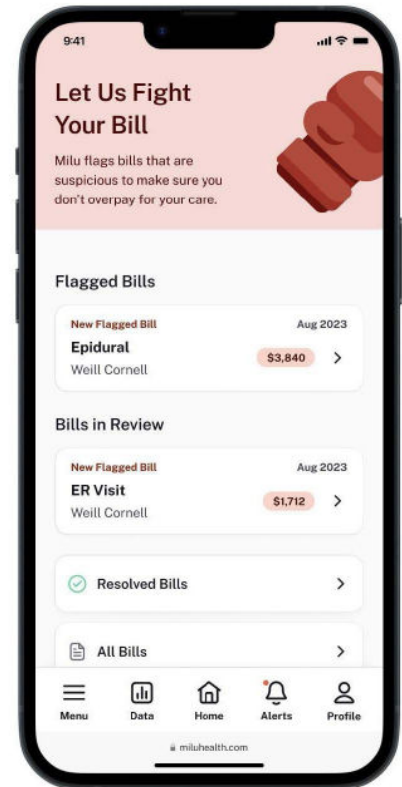
Activate your secure Milu account, connect your health records and get paired with a benefits nurse



Your Milu nurse will text you when you can get better quality care or save money by using your benefits



You can also reach out to us any time to help with incorrect bills or any other health benefits issues



WHAT MILU CAN DO FOR YOU

- Resolve claims and billing issues/errors
- Answer benefit questions pertaining to your plans
- Locate in-network facilities, dentists & other healthcare providers near you
- Schedule your appointments
- Research cost and value comparisons for medical services and prescriptions
- Transfer medical records



CLAIM YOUR ACCESS TODAY

Milu is a free benefit offered by Martha's Table. To sign up, open the welcome email from Milu with your secure registration link or scan our QR code. **Please be sure to use your team member email address to complete the sign up process.**

HALOSCRIPS

HALOSCRIPS

Your employer has partnered with HaloScrips Pharmacy to bring you a revolutionary new program for our team members taking multiple maintenance medications. HaloScrips is a mail order, concierge pharmacy located in Memphis, TN that serves patients across the country. Eligible members can sign up with HaloScrips for their maintenance medications at no charge. Members will benefit from \$0 generic, brand, and specialty medications shipped directly to your door.

WHO IS ELIGIBLE FOR HALOSCRIPS?

HaloScrips Pharmacy is designed for members who are taking multiple maintenance medications. HaloScrips Pharmacy is able to fill and source chronic generic, brand, and specialty medications. Medications are mailed on a scheduled quarterly basis directly to your home address. It's important to note that only maintenance, ongoing medications are eligible to be filled with HaloScrips Pharmacy. Acute medications like antibiotics or controlled substances are not eligible. You're able to work with your local retail pharmacy to pick up those medications.

WHY HALOSCRIPS?

HaloScrips is a pharmacy built on concierge customer service. You can call/text your pharmacist to discuss any questions related to your existing medications or new prescriptions. The best part is there are no copays for your medications and no postage fee! Please refer to our Prescription pages to see how HaloScrips can save you money on your maintenance medications.



HOW DO I GET STARTED?

Eligible members will receive a welcome email inviting you to sign up if you qualify for HaloScrips. You can also call HaloScrips directly or visit the website.

 (800) 901-4195

 www.haloscrips.com

SHIP DATES

FEBRUARY

1

MAY

1

AUGUST

1

NOVEMBER

1

MEDICAL



To locate an in-network doctor, visit
www.cfablue.com

CAREFIRST ADMINISTRATORS PPO PLAN HIGHLIGHTS

- Members have access to the national BCBS BlueCard PPO network.
- Members are not required to appoint a Primary Care Physician (PCP), nor require referrals to see specialists.
- Care outside of the United States is limited to emergency or urgent care only.
- Pre-certification may be required for some services. Be sure to verify with your provider before performing services otherwise a penalty could apply.
- All copays, coinsurance, deductibles and prescriptions for covered services accumulate towards the out-of-pocket limit.

CAREFIRST ADMINISTRATORS PPO PLAN DETAILS

Below is a snapshot of your benefits.

The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE Individual / Family (Embedded)	\$500 / \$1,000	\$1000 / \$2,000
ANNUAL OUT-OF-POCKET LIMIT Individual / Family (Embedded)	\$4,500 / \$9,000	\$6,500 / \$13,000
PREVENTIVE CARE Well Child Care, Adult Physical, Routine GYN Visits, Cancer Screenings	No charge	Ded., then No charge
OFFICE VISITS Primary Care Physician (PCP) Specialist	\$10 copay \$20 copay	Ded., then 20% of AB* Ded., then 20% of AB*
DIAGNOSTIC SERVICES Labs X-ray Advanced Imaging	\$20 copay \$20 copay \$200 copay	Ded., then 20% of AB* Ded., then 20% of AB* Ded., then 20% of AB*
EMERGENCY AND URGENT CARE Urgent Care Center Hospital Emergency Room (waived if admitted)	\$40 copay Ded., then \$200 per visit	
HOSPITALIZATION Inpatient Hospital Facility Outpatient Facility Services	Ded., then \$300 copay per day \$200 copay	Ded., then 20% of AB* Ded., then 20% of AB*
PRESCRIPTION Deductible Generic Drugs Preferred Brand Drugs Non-Preferred Brand Drugs Preferred Specialty Drugs Non-Preferred Specialty Drugs Mail order—90 day supply	\$0 \$15 copay \$35 copay \$60 copay 50% of AB* up to \$150 50% of AB* up to \$150 2x retail	
		Not Covered Not Covered Not covered

*AB is Allowed Benefit

MEDICAL



To locate an in-network doctor, visit:
www.cfablue.com

CAREFIRST ADMINISTRATORS HIGH DEDUCTIBLE HEALTH PLAN HSA PLAN HIGHLIGHTS

- Members have access to the national BCBS BlueCard PPO network.
- Members are not required to appoint a Primary Care Physician (PCP), nor require referrals to see specialists.
- Care outside of the United States is limited to emergency or urgent care only.
- Pre-certification may be required for some services. Be sure to verify with your provider before performing services otherwise a penalty could apply.
- All copays, coinsurance, deductibles and prescriptions for covered services accumulate towards the out-of-pocket limit.

CAREFIRST ADMINISTRATORS HIGH DEDUCTIBLE HEALTH PLAN HSA PLAN DETAILS

Below is a snapshot of your benefits.

The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE Individual / Family (Non-Embedded)	\$2,500 / \$5,000	\$5,000 / \$10,000
ANNUAL OUT-OF-POCKET LIMIT Individual / Family (Non-Embedded)	\$4,500 / \$7,900	\$6,500 / \$15,800
PREVENTIVE CARE Well Child Care, Adult Physical, Routine GYN Visits, or Other Preventative Tests	No charge	
OFFICE VISITS Primary Care Physician (PCP) Specialist	Ded., then No charge Ded., then \$5 copay	Ded., then 20% Ded., then 20%
DIAGNOSTIC SERVICES Labs X-ray Advanced Imaging	Ded., then No charge Ded., then No charge Ded., then No charge	Ded., then 20% Ded., then 20% Ded., then 20%
EMERGENCY AND URGENT CARE Urgent Care Center Hospital Emergency Room (waive if admitted)	Ded., then No charge Ded., then No charge	
HOSPITALIZATION Inpatient Hospital Facility Outpatient Facility Services	Ded., then No charge Ded., then No charge	Ded., then 20% Ded., then 20%
PRESCRIPTION Deductible Generic Drugs Preferred Brand Drugs Non-Preferred Brand Drugs Preferred Specialty Drugs Non-Preferred Specialty Drugs Mail order—90 day supply	Ded., then copay amount Ded., then \$0 Ded., then \$25 Ded., then \$45 50% of AB* up to \$150 50% of AB* up to \$150 2x retail	

*AB is Allowed Benefit

HEALTH SAVINGS ACCOUNT (HSA)

HSA DETAILS

All eligible Team Members who participate in the **CFA HDHP HSA \$2500 plan** have the option to enroll in a Health Savings Account (HSA) through Optum Bank. A HSA is an account that you can put money into and save for future medical expenses. There are certain advantages to putting money into these accounts, including favorable tax treatment.

As an added benefit, Martha's Table contributes to your HSA to help you pay for eligible expenses. The contributions are made on a monthly basis. Martha's Table funds the amounts below annually.

⇒ Team Member \$2,000

⇒ Team Members with Dependents \$2,000

This contribution is determined on an annual basis and does not constitute a guarantee

CONTRIBUTING TO YOUR HSA

Contributions to your HSA can be made by you, your employer, or both. However, the total contributions are limited annually. Contributions may be made through a pre-tax salary reduction or, if made after-tax, you can deduct the contributions when completing your federal income tax return.

The contribution limits for the year 2026:

Team Member Coverage \$4,400

Family Coverage \$8,750

Individuals age 55 and older can also make additional "catch-up" contributions. The maximum annual catch-up contribution is \$1,000.



Unlike Flexible Spending Accounts, HSAs can roll over any unused funds year after year. There is no "use it or lose it" rule or lifetime maximum. The only stipulation is that you may not contribute more than the set IRS Contribution amount for that tax year.

USING YOUR HSA

You can use the money in your HSA account to pay for any "qualified medical expense" permitted under federal law.

Examples of eligible HSA expenses are:

- Medical deductibles
- Copays or coinsurance
- Dental
- Vision
- Prescription drugs
- Orthodontic
- Limited over-the-counter items

Other uses include COBRA or State Continuation premiums, qualified long-term care insurance, Medicare premiums and related expenses.

You can use the money in your account to pay for medical expenses for yourself, your spouse and your dependent children. You may use HSA funds for your dependents' expenses even if they are not enrolled in a Qualified High Deductible Health Plan (QHDHP).

ADVANTAGES OF HSA

Health Savings Accounts provide triple tax savings:

- (1) tax deductions when you contribute to your account
- (2) tax-free earnings through investment
- (3) tax-free withdrawals for qualified medical expenses

Accounts are employee-owned and completely portable regardless of whether you change jobs, change medical coverage or move to another state.

For questions, contact Optum Bank's customer service:



Visit <https://www.optumbank.com/>



Call at 800-243-5543 for confidential consultation and resource services

FLEXIBLE SPENDING ACCOUNT (FSA)



Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars to pay for out-of-pocket health and dependent care expenses for you and your family.

Team Members make their elections for these accounts in May. However, for tax purposes, FSA deposits are calculated on a tax calendar year from January 1st to December 31st.

iSolved Benefit Services is the administrator of Martha's Table Flexible Spending Accounts.



To continue your Flexible Spending Account, action is required. You must re-enroll for the plan year 1/1/26 to 12/31/26.

HEALTHCARE FSA

All eligible Team Members who participate in either of the HRA-qualified medical plans can elect a Healthcare Flexible Spending Account (HFSA). A Health FSA allows you to budget and save for qualified medical expenses incurred over the course of your upcoming plan year. It is a great savings tool for you and your family. You can elect up to \$3,400 to receive for reimbursement for out-of-pocket healthcare expenses related to medical, dental or vision care. The amount elected will be available the first day of your plan year. These medical, dental, vision, or other healthcare-related expenses cannot be eligible for reimbursement through any insurance or other benefit program. Your FSA election is meant for budgeted expenses. You are unable to change your FSA election during the plan year unless you experience a qualifying event. Any unused funds at the end of the plan year will be forfeited except for up to \$680 that can be rolled over into the next plan year.

Due to IRS regulations, members enrolled in a Health FSA cannot make pre-tax contributions towards a Health Savings Account (HSA) until the FSA plan year ends on January 1st. If you are currently enrolled in an HFSA and interested in the HSA, then please contact HR to coordinate the timing of your contributions to avoid tax penalties.

HEALTHCARE FSA ELIGIBLE EXPENSES

- Acupuncture
- Alcoholism/Drug treatment
- Ambulance
- Artificial limbs
- Birth control
- Braces
- Chiropractor
- Contact lenses
- Contact solution
- Crutches
- Dental fees (not cosmetic)
- Diagnostics fees
- Eyeglasses
- Eye exams
- Hearing aids
- Hearing aid batteries
- Hospital services
- Immunizations
- Insulin
- Laboratory fees
- Learning disability treatment
- Medical services
- Nursing Services
- Prescription drugs
- Psychiatric care
- Psychologist visits
- Transplants (organ)
- Wheelchair
- X-ray

This list is not exhaustive. Some of these expenses may require documentation of medical necessity.



Please retain copies of all receipts, provider statements, and Explanation of Benefits.

DEPENDENT CARE FSA

A Dependent Care FSA is a simple way to save money on care for your dependents. It allows you to set aside pre-tax dollars to pay for day care expenses. The annual IRS limit for this type of account is \$7,500 per household. The amount you elect is available as each payroll deposit occurs throughout the plan year. Expenses incurred when there aren't enough funds in the account can be reimbursed at a later date. Eligible dependents for this plan include children under the age of 13 and a disabled spouse or disabled dependent(s) of any age.

DEPENDENT CARE ELIGIBLE EXPENSES

- Adult daycare center
- Before and after school care
- Au pair or nanny fees
- Babysitting (work-related)
- Custodial elder care
- Nursery school
- Preschool
- Summer day camp

This list is not exhaustive. Eligible expenses are intended to be incurred for services performed while the parent is at work, looking for work or is a full-time student.

LIMITED PURPOSE FSA

If you enroll in the HSA plan, you may elect a limited purpose FSA to help pay for dental and vision expenses not covered under the HSA. You may not use the limited purpose FSA for any medical expense. You can elect up to \$3,400 to receive for reimbursement for eligible out-of-pocket expenses related to dental or vision care. The amount elected will be available the first day of your plan year. These dental or vision expenses cannot be eligible for reimbursement through any insurance or other benefit program. Your LPFSA election is meant for budgeted expenses. You are unable to change your LPFSA election during the plan year unless you experience a qualifying event. Any unused funds at the end of the plan year will be forfeited except for up to \$680 that can be rolled over into the next plan year.

COMMUTER BENEFITS

Commuter benefits are a simple way to save money on the use of public transportation by allowing Team Members to use pre-tax dollars to pay for a variety of commuting expenses.

HOW DOES IT WORK?

For employers and Team Members benefits that qualify as “transportation fringe benefits,” under the law are not a part of an Team Members taxable wages. These commuter benefits are exempt from federal income and payroll taxes.

Under Federal Law, qualified transportation fringe benefits consist of:

- Transit and vanpooling – examples of eligible transportation for transit benefits include train, bus, subway, and ferry
- Parking – the parking benefit can be used for parking near your regular place of employment or for park and ride facilities

The 2026 monthly maximum for qualified transportation benefits are **\$680 per month for a combination of transit and parking—\$340 for transit and \$340 for parking**. Team Members income that is set aside for commuter benefits up to the federal maximum is not subject to federal income or payroll taxes.

ACCESSING YOUR COMMUTER FUNDS

There are a few ways you can access your commuter funds:

- You can use your debit card to pay providers directly at the time of service
- If the transit or parking facility does not accept debit card payments, you can pay out of pocket and submit a reimbursement request through the [Benefits Mobile App](#) or by [logging into your account](#) online at <https://infinconsumer.lh1ondemand.com/Login.aspx>



DENTAL



To locate a participating provider, visit
<https://www.guardianlife.com>

GUARDIAN DENTALGUARD PREFERRED PPO PLAN HIGHLIGHTS

- Members have access to the national Guardian **DentalGuard Preferred** network with over 140,000 participating dentists.
- Members can see any dentist. Participating dentists offer the biggest opportunity for savings when having services performed.
- If seeing non-participating dentists, be prepared for additional costs including balance billing.
- Included with this dental plan is Guardian's Dental Maximum Rollover.

GUARDIAN DENTALGUARD PREFERRED PPO PLAN DETAILS

Below is a snapshot of your dental benefits.

The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE (POLICY YEAR) Individual / Family (<i>applies to Basic and Major Services</i>)	\$50 / \$150	\$50 / \$150
ANNUAL MAXIMUM (POLICY YEAR) <i>Maximum amount the plan will pay per year</i>	\$2,000 per person	
ORTHODONTIC MAXIMUM <i>Maximum amount the plan will pay per lifetime</i>	\$2,000 per person	
CLASS I—DIAGNOSTIC/PREVENTIVE SERVICES Oral Exams Regular Cleanings Fluoride Treatments** X-rays Sealants	Plan pays 100% of AB*	Plan pays 100% of AB*
CLASS II—BASIC SERVICES Fillings Periodontal Surgery/Maintenance Root Canal Scaling & Root Planing Simple Extractions Repair—Crowns, Bridges, Dentures	Ded., then Plan pays 90% of AB*	Ded., then Plan pays 80% of AB*
CLASS III— MAJOR SERVICES Anesthesia Bridges & Dentures Dental Implants Inlays, Onlays, Veneers Single Crowns Surgical Extractions	Ded., then Plan pays 60% of AB*	Ded., then Plan pays 50% of AB*
CLASS IV— ORTHODONTIC SERVICES Treatment for the alignment of teeth (Adults and Children)	Plan pays 50% of AB*	Plan pays 50% of AB*

*AB is Allowed Benefit

**Fluoride Treatments up to age 19

DENTAL (continued)

As a Guardian dental member, there is a unique benefit provided to you at no additional cost. Members can benefit from the Dental Maximum Rollover Benefit. See below for more details.

GUARDIAN'S DENTAL MAXIMUM ROLLOVER

Guardian helps you save your unused claims dollars for when you need them most. Guardian will rollover a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for a MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.guardianlife.com.

PLAN ANNUAL MAXIMUM	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$2,000	\$800	\$400	\$600	\$1,500
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to the Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$3,500 in total.

Cycle of Health



VISION



To locate a participating provider, visit
<https://www.guardianlife.com/>

GUARDIAN VISION PLAN HIGHLIGHTS

- Vision services are administered through the VSP national network of providers.
- VSP has over 137,000 access points now including their retail locations.
- You have the freedom to choose any provider, however, as a Guardian member, you'll receive the deepest discounts in-network.
- There are no claims to file when seeing in-network providers.
- When seeing out-of-network providers you may incur additional costs subject to balance billing.
- When utilizing out-of-network providers, you will have to pay the claim in full and submit for reimbursement.
- Vision is on a calendar year frequency.

GUARDIAN VISION PLAN DETAILS

Below is a snapshot of your benefits.

The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
EYE COPAY Once every 12 months Eye Exam Materials	\$10 copay \$25 copay	\$10 copay \$25 copay
EYEGLASS FRAMES Once every 24 months	Plan pays up to \$130 + 20% off balance	Plan pays up to \$46
EYEGLASS LENSES Once every 12 months Single Bifocal Trifocal Lenticular	\$25 copay \$25 copay \$25 copay \$25 copay	Plan pays up to \$23 Plan pays up to \$37 Plan pays up to \$49 Plan pays up to \$64
CONTACT LENSES Once every 12 months Elective Medically necessary	Plan pays up to \$130 Covered in full	Plan pays up to \$46 Plan pays up to \$210



BASIC LIFE INSURANCE AND AD&D

Martha's Table recognizes the importance of planning for the unexpected. Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental Death & Dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech or use of your limbs due to an accident.

TEAM MEMBERS BASIC LIFE AND AD&D

Martha's Table provides you with Basic Term Life insurance in the amount of 100% of your annual salary, to a maximum of \$200,000 through **Guardian** at no cost to you.

Team Members benefits are reduced by 35% at age 65, and 50% at age 70. Benefits terminate upon your retirement or when your employment ends.

You have two options for continuing your life coverage if you leave the company:

- **Portability** allows you to continue the group life coverage for up to 3 years after terminating current employment.
- **Conversion** allows you to convert the coverage to an individual policy if any or all of your life insurance ends while you are insured under the group plan.

VOLUNTARY LIFE INSURANCE

In addition to Basic Life, you may purchase additional Life coverage for yourself, spouse and/or dependent children.

Team Members Coverage: Increments of \$10,000, up to a maximum benefit of \$300,000. Evidence of insurability will be required if you elect a benefit amount over \$100,000.

Spouse Coverage: Increments of \$5,000, not to exceed 50% of the amount you have elected for yourself, up to a maximum benefit of \$150,000. Evidence of insurability will be required if you elect a benefit amount over \$25,000.

Child(ren) Coverage: You can purchase coverage for your children in the amount of \$10,000. The amount cannot be more than 10% of your Team Members coverage. There is no evidence of insurability for child(ren) coverage.

You have two options for continuing your life coverage if you leave the company:

- **Portability** allows you to continue the group life coverage for up to 3 years after terminating current employment.
- **Conversion** allows you to convert the coverage to an individual policy if any or all of your life insurance ends while you are insured under the group plan.

Please note: in order to elect Life for your spouse and/or children, you must first purchase Life coverage for yourself. Coverage for dependents may not exceed 50% of your elected coverage amount.



IMPORTANT NOTE ABOUT EVIDENCE OF INSURABILITY (EOI)

If you do not elect Life Insurance when you are first eligible, any amount elected later may be subject to EOI. For new hires, EOI will be required if you elect an amount over \$100,000 for yourself or \$25,000 for your spouse. EOI is not required for child life coverage.

DISABILITY INSURANCE

Martha's Table understands that there may be times of illness or injury that prevent you from working for a period of time. In fact, statistics show that 1 out of every 4 persons in the U.S. workforce will suffer a disabling injury before retirement. Disability insurance provides financial protection in the event that you become disabled and are unable to work.

SHORT-TERM DISABILITY (STD)

Short-term disabilities are often the most prevalent in the workplace. Disabilities can stem from minor injuries or illnesses to major instances like surgery or maternity. Once you have been disabled for zero days due to an accident or 7 days due to an illness, your STD plan pays 60% of your weekly base salary up to a maximum of \$2,000 per week, for up to 13 weeks.

Eligible Team Members will be enrolled in STD Insurance at no cost. Coverage is offered through **Guardian**.

LONG-TERM DISABILITY (LTD)

Long-term disability insurance can play an essential role in protecting your financial and emotional life. Once you have been disabled for 90 days, your LTD plan pays 60% of your pre-tax monthly base salary up to a maximum benefit amount of \$7,000 per month until your Social Security Normal Retirement Age.

Eligible Team Members will be enrolled in LTD Insurance at no cost. Coverage is offered through **Guardian**.

BENEFIT	SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Elimination Period	0 day accident / 7th day illness	90 days
Benefit Percentage	60%	60%
Max Benefit Amount	\$2,000 per week	\$7,000 per month
Benefit Duration	13 weeks	SSNRA



GUARDIAN EMPLOYEE ASSISTANCE PROGRAM

Our Employee Assistance Program offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to you and your household family members.

SERVICES

Confidential Emotional Support

3 face-to-face or virtual sessions per person, per issue, per year. Life can be stressful. Your EAP provides short-term counseling services for you and your dependents to help you handle concerns constructively, before they become serious issues. Call anytime about topics such as marital, relationship and family problems; stress, anxiety and depression; grief and loss, job pressures and substance misuse disorders.

Work and Lifestyle Support

Too much to do, and too little time to get it all done? Work-life specialists can do the research for you and provide qualified referrals and customized resources for topics such as child and elder care, moving, pet care, college planning, home repair, buying a car, planning an event, selling a house and more.

Legal Guidance

With your GuidanceResources® program, you have an attorney "on call" whenever you have questions. They can help with legal concerns such as divorce, custody, adoption, real estate, debt and bankruptcy, landlord or tenant issues, civil and criminal actions and more. If you require representation, you can be referred to a qualified attorney for a complimentary 30-minute consultation and a 25 percent reduction in customary legal fees.

Financial Resources

Go to GuidanceResources® Online to connect to counseling, work and lifestyle support and other services, such as child care and legal services search tools. Tap into an array of articles, podcasts, videos and slideshows on thousands of topics or improve your skills with On-Demand trainings, self-assessments and more.

Online Will Preparation

Drafting a will and a living will can be a complicated and expensive process. With EstateGuidance® from your GuidanceResources® benefit, we eliminate the hassle and high costs with a complimentary, simple and secure online tool. Log on to GuidanceResources® Online to get started.

Wellness Support

Your well-being is precious. We can help you maintain it. Take advantage of online self-guided programs or work one-on-one with a well-being coach to make improvements. Programs include tobacco and nicotine cessation, weight management, sleep improvement, self-motivation, back care, diabetes prevention and more.



Connect to a counselor for free support services.



Visit: guidanceresources.com



Call 1-855-239-0743



App: GuidanceNow
Web ID: Guardian

ACCIDENT



ACCIDENT INSURANCE

Accidents happen every day. If you were injured from an accident, chances are you will have expenses that you were not anticipating. Accident Insurance can help you deal with those expenses. Benefit payments can help you with your medical deductibles and copays, and cover household expenses such as groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work.

Team Members have the opportunity to purchase this plan through a convenient payroll deduction. Contributions are made on a pre-tax basis. Team Members also have the option of portability, should they leave the organization.

Please refer to the comprehensive Aflac benefit summary for more details.

Group Accident insurance pays cash benefits that you can use any way you see fit.

COVERAGE DETAILS	BENEFIT
ACCIDENTAL DEATH & DISMEMBERMENT	
Team Member	\$50,000
Spouse/Domestic Partner	\$25,000
Child	\$10,000
FEATURES	
Accident Emergency Room Treatment	\$200
Air Ambulance	\$900
Ambulance	\$300
Blood Products	\$200
Pain Management	\$75
Diagnostic Exam (Major)	\$150
Eye Procedure	\$175
Hospital Admission	\$1,000
Hospital Confinement	\$225/day up to 1 year
Urgent Care Facility Treatment	\$200
Brain Injury	\$3,500



HOSPITAL INDEMNITY



INTENSIVE FINANCIAL CARE FOR HOSPITAL ADMISSIONS

Aflac offers you a new supplemental health plan that softens the financial impact of higher medical plan deductibles and other out-of-pocket costs associated with hospital admissions.

With Aflac Hospital Indemnity, lump-sum benefits are paid directly to you if admitted to a hospital for a covered sickness or injury. These payments can be used for any purpose, such as meeting everyday expenses, whether medical or non-medical.

MAXIMUM FLEXIBILITY

Aflac Hospital Indemnity enables you to select features that best fit with your current medical plan, other supplemental health plans and budget.

A TOTAL SOLUTION

With Aflac comprehensive suite of Accident, Cancer, Critical Illness and now Hospital Indemnity plans, you have a single provider you can count on for supplemental health benefits.

WHY GUARDIAN HOSPITAL INDEMNITY?

Key features:

- Pays indemnity benefits directly to you whether or not charges are covered by your medical plan.
- Reduces the financial burden of high deductibles and co-pays.



DID YOU KNOW?
The average cost for a hospital stay is \$1,986 per day?

BENEFITS

Hospital/ICU Admission	\$150 per day, up to 10 days per covered sickness or covered accident
Dependent Age Limits	Child Birth to 26 years (26 if full time student)
Treatments Covered	Sickness and Injury
Pre-Existing Condition Limitation	None

CRITICAL ILLNESS



CRITICAL ILLNESS INSURANCE

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness such as a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover such as deductibles or out-of-pocket costs, or services such as experimental treatment. Critical Illness supplements your medical and your disability income insurance. The lump sum benefit is paid when you need it most, upon diagnosis, so you can rest assured that you will have funds to offset upcoming out of pocket costs, and that you'll have the flexibility to elect treatments with less worry about the cost.

Team members have the opportunity to purchase this plan through a convenient payroll deduction. Contributions are made on a post-tax basis. Team Members also have the option of portability, should they leave the organization.

This Critical Illness plan has a \$20,000 guarantee issue for Team Members and a \$20,000 guarantee issue for spouses/domestic partners. You'll need to complete evidence of insurability if you don't enroll during open enrollment. This plan has a pre-existing condition limitation. The summary below is a sampling of the conditions covered. Please refer to the comprehensive Aflac benefit summary for more details.

WHAT YOUR BENEFITS COVER	BENEFIT
BENEFIT AMOUNT(S)	
Team Member	Up to \$30,000
Spouse/Domestic Partner Benefits	Up to \$15,000
Child	0%
CANCER	
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	\$250 per calendar year
Benign Brain Tumor	100%
VASCULAR	
Heart Attack	100%
Stroke	100%
Coronary Artery Bypass	25%
OTHER	
Organ Transplant/Placement on UNOS List	100%
End-Stage Renal Failure	100%
ADDITIONAL CONDITIONS	
ALS (Lou Gehrig's Disease)	100%
Alzheimer's Disease	25%
Parkinson's Disease	25%
CHILDHOOD CONDITIONS	
Cerebral Palsy	50% of Team Member Benefit
Type 1 Diabetes	50% of Team Member Benefit

LEGALSHIELD

Protect Yourself and Your Family with a Legal Services Plan.

The legal plan, administered by LegalShield, gives you direct access to a dedicated provider law firm for a wide range of personal legal matters including, but not limited to:

- **Estate Planning:** Wills, living wills, powers of attorney, advance directives, probate
- **Real Estate:** Home sales, purchases, refinancing, foreclosures, property tax assessments
- **Landlord/Tenant:** For tenants— eviction, rights to belongings in rental home, refund of deposit, review of lease agreement
- **Family Law:** Eldercare, adoption, guardianship, name change, juvenile matters, reproductive assistance, prenuptial agreements, divorce
- **Consumer Protection:** Bankruptcy, billing disputes, tax audits, loan modifications, credit reports/repairs, etc.
- **Traffic:** Points violations, traffic tickets, accidents, license restoration, and property damage
- **Tax Audit:** Receive consultation and representation if audited on your personal tax returns
- **Advice and Consultation:** Phone consultations with your provider law firm for any personal legal issue, even pre-existing matters
- **Letters and Phone calls on your behalf:** A phone call or letter on law firm letterhead can help quickly resolve disputes before they escalate
- **Contract and Document Review:** Your provider law firm will review personal documents
- **24/7 Emergency Access:** Live access to a lawyer for urgent matters

This benefit also provides services in other areas of law, including **Collections, Personal Injury, Immigration, Civil Litigation** (including Small Claims), **Contracts, and General Law**. A mobile app lets you directly contact your provider law firm, request and manage service requests, and upload and prepare documents for legal review, including traffic tickets.

Who's covered? You, your spouse/domestic partner, and eligible, unmarried dependent children up to age 26.

All legal services are provided by the Provider Law Firm and lawyers, not Pre-Paid Legal Services, Inc. ("PPLSI") nor any of its companies, officers, or employees. The following items are not included in the legal services plan: any matter or dispute between any Covered Person and PPLSI, a Provider Law Firm, or the Employer; any matter covered by any insurance policy or other legal service plan; employment; patent, trademark, or copyright matters; any matters related to Native or First American tribes or tribal governments; services outside the 50 states of the United States; business matters; fines, court costs, filing fees, ad litem fees, penalties, expert witness fees, bonds, bail bonds and any out-of-pocket expense. See a legal plan overview for complete terms, coverage, and conditions.

LEGALSHIELD PLAN DETAILS:

You can also add family members to your account to share access to your plan in your LegalShield Member Portal.



To learn more about LegalShield, visit:

www.shieldbenefits.com/marthastable



Put your law firm in the palm of your hand with the LegalShield mobile app!



WISHBONE PET INSURANCE

Nobody wants to imagine their pet getting sick or injured - but when it comes to your pet's health, it's best to expect the unexpected. Wishbone is accepted at any vet in the U.S., including emergency hospitals. Our simple online claims process means you get your money back fast, whether it's for routine care or an accident.

Protecting your pet's health and your finances has never been easier!



Get a quote & enroll at www.wishboneinsurance.com/marthastable

AVAILABLE WISHBONE PLANS

Wishbone offers different plan options to fit your budget. Enroll in both for maximum benefits.

ADVANTAGE PLAN

For unexpected accidents and illnesses (dogs & cats only)

- Up to 70%/80% reimbursement on claims *
- \$250 deductible; \$10,000 annual limit
- Show your in-network ID card at an in-network vet to
- receive the higher reimbursement rate
- Plus, get an instant 25% discount on eligible in-house
- medical services at in-network vets
- Includes 24/7 pet telehealth

Rates based on your pet's age, breed & zip code.

WELLNESS PLAN

For regular routine visits all pets, including exotics

- Designed to help spread out the cost of preventive pet care
- Can be paired with **Wishbone Advantage** (accident & illness insurance) for more complete coverage

ESSENTIAL PLAN

Up to a \$300 value

\$14/month

PREMIUM PLAN

Up to a \$575 value

\$25/month

Rebursements are based on a schedule of benefits outlined during enrollment



TEAM MEMBER CONTRIBUTIONS

One of the major benefits of employer sponsored coverage is the ability to pay for your Team Member contributions through payroll deductions. Depending on the product, your deduction could be pre-tax or post-tax (noted below). If you choose to enroll, below are the amounts that will be payroll deducted for the coverages you select. Once you enroll in a pre-tax benefit, you'll need to wait until open enrollment or experience a qualifying event to change your selection. If you have additional questions concerning tax implications, please consult with Human Resources or a tax professional.

The amounts are listed on a bi-weekly basis.

PLAN	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
Medical—HDHP HSA Plan	\$44.47	\$383.56	\$308.52	\$475.27
Medical—PPO Plan	\$52.56	\$453.34	\$364.64	\$561.74
Dental	\$2.31	\$19.71	\$20.10	\$30.53
Vision	\$0.40	\$2.77	\$2.83	\$4.48
Employee Life and AD&D	100% Paid by Martha's Table			
Voluntary Life	100% Employee Paid			
Short-Term Disability	100% Paid by Martha's Table			
Long-Term Disability	100% Paid by Martha's Table			
Employee Assistance Program	100% Paid by Martha's Table			
LegalShield	\$11.05	\$11.05	\$11.05	\$11.05
Aflac Accident	\$11.44	\$20.14	\$22.54	\$31.25
Aflac Critical Illness	100% Employee Paid (Rate based on age)			
Aflac Hospital Indemnity	\$10.36	\$19.76	\$15.94	\$25.35
Pet Insurance	Get a quote & enroll at www.wishboneinsurance.com/marthastable			



ABOUT SOFI

SoFi is a new kind of finance company taking a radical approach to lending and wealth management. SoFi offers a unique Team Member benefit—student loan refinancing—as a crucial way to build financial wellness at your company. With student loan debt for undergrads getting closer to six-figures for many graduate student loans, more Team Members than ever are looking to their employers for solutions to help them reduce their debt.

STUDENT LOAN REFINANCING

This program can help you save on your student loans. With low rates and no fees, SoFi can refinance student loans and save you money. Our members save \$316 per month on average. Plus they get access to great perks, like career strategy services and local member events.

- Special interest rate for employees
- Quick setup and enrollment, with comprehensive educational resources
- No cost for you
- No integration needed

THREE EASY STEPS

If you have questions, our friendly customer support team is standing by to help you through the process seven days a week.

1

ONLINE PRE-APPROVAL

Our quick pre-approval process lets you know if you qualify before you complete the full application.

2

SELECT A LOAN

Compare the plans available to you with specific payments, rates and terms.

3

UPLOAD & SIGN

Easily upload documents via screenshots or smartphone photos, then sign your paperwork electronically.



GET STARTED BY CHECKING YOUR RATES TODAY

Apply using this link and get a 0.125% discount when you refinance.

Visit www.sofi.com/ebsmd

SoFi PRODUCTS BENEFITS RESOURCES AT WORK COMPANY LOG IN FIND MY RATE

REFINANCE STUDENT LOANS

Make your student debt go away faster.

Fixed rates start at 3.350% APR and variable rates start as low as 2.795% when you enroll in AutoPay¹.

FIND MY RATE CONFIRMATION #

Checking your rate will not affect your credit score².

BENEFITHUB

NEW

BENEFITHUB

Welcome to your Discount Marketplace! BenefitHub is a web portal where you can enjoy discounts, cash back rewards and perks on thousands of the brands you love in a variety of categories!

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Insurance
- Sports & Outdoors



IT'S EASY TO ACCESS AND START SAVING!

If you have questions, BenefitHub's friendly customer support team is standing by to help you through the process!

1

VISIT THE UNIQUE URL

ebsmd.benefithub.com

2

CLICK ON ANY OFFER

With 21 categories, 100+ subcategories, and a powerful search engine, it's simple to find what you're looking for!

3

COMPLETE REGISTRATION

Whether it's discounts on everyday items or health and financial wellness, everything needed to help facilitate a healthy work-life balance is available on BenefitHub!



FREQUENTLY ASKED QUESTIONS

WHAT IS A “COPAYMENT [CO-PAY]”?

A **Copayment** is a fixed dollar amount (for example, \$15) that you must pay for certain covered benefits. Your copay is due at the time of service. If you have a plan that includes co-pays, your co-pay amounts will be stated in your Plan Agreement and your Summary of Benefits & Coverage.



WHAT IS A “DEDUCTIBLE”?

A **Deductible** is a **fixed dollar amount** that you pay for your covered benefits that have a coinsurance cost share before your health insurance begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. **NOTE:** Not all health care costs that you pay will count towards your deductible. Your Summary of Benefits & Coverage will include these details.

WHAT IS “COINSURANCE”?

Coinsurance is your share of the costs of a covered health care service. It is calculated as a percent (for example, 20%) of the allowed amount for the service. **Coinsurance** only takes effect once you have **met your deductible**. For example, if the health insurance plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. Your health insurance pays the rest of the allowed amount. If you have a plan that includes coinsurance, your coinsurance amounts will be stated in your Plan Agreement and your Summary of Benefits & Coverage.

WHAT ARE “COVERED BENEFITS”?

Covered Benefits are the products and services that you are **eligible** to receive or obtain payment for under your health plan. Treatment for medical emergencies or accidental injuries are also included in your covered benefits.

WHAT IS AN “ALLOWABLE AMOUNT”?

An **Allowable Amount** is the negotiated amount paid to providers for the services covered by the medical carrier. This is the maximum amount on which payment is based for covered health care services. It is typically a **discounted cost** rather than the actual (billed) amount.

WHAT ARE “OUT OF POCKET COSTS”?

Out-of-pocket costs are any **expenses** for medical care that are **not reimbursed** by your insurance. These include deductibles, coinsurance, and copayments. Your premium is not considered an out-of-pocket cost.

Your out-of-pocket costs vary depending on the actual care you receive. An example of an out-of-pocket cost is what you pay when you visit a doctor or get a prescription filled. Co-pays, deductibles and coinsurance are all out-of-pocket costs because you pay them **out of your own pocket**.

Medical plans have a maximum out-of-pocket amount that limits the amount you have to pay for your covered benefits each calendar year. **Once you reach the out of pocket maximum, your plan will pay for all additional non-excluded services and you will not have to pay for any services.**

WHAT IS A “PREMIUM”?

A **premium** is the amount that you pay each month for your health insurance coverage. Your premium stays the same whether or not you see a doctor. If you are a member in an individual plan, you may pay your premium payments through the Member Portal. If you are in a group plan, your employer pays your insurance premium through a combination of employer contributions and employee deductions.

This guide describes the benefit plans available to you as an Team Member of Martha's Table. The details of these plans are contained in the official plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your summary plan description. If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation.

