We put people first.

2026 Benefits Guide

United

At Albertsons Companies, our benefits reflect a shared responsibility between the Company and our Team Members. When it comes to your health, financial security and overall well-being, we believe in the power of ownership. This means understanding the plans and coverage available, selecting the options that best fit your needs and using your benefits wisely to support your goals.

In today's environment, healthcare costs are a challenge for everyone. We are committed to actively managing our benefits so we can continue offering high-quality, affordable coverage while making it easy to access care. Guided by our "One Best Way" approach, we strive to provide plans that work for all Team Members across our organization.

To help you navigate your choices, we offer tools like ALEX, our interactive online benefits counselor. ALEX provides personalized guidance on your options and empowers you to make confident, informed decisions — whether you're enrolling for the first time as a new hire or updating your coverage during annual Open Enrollment.

Review this 2026 Benefits Guide to help you understand your choices and make the most of the valuable programs and resources available to you.

Table of Contents

Learn more about your benefits.

Go to UnitedFamilyBenefits.com.

Benefits Basics

Plan It. Own It. Live It.

2026 Benefits At-a-Glance

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

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

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

Meet ALEX®, Your Online Benefits Counselor

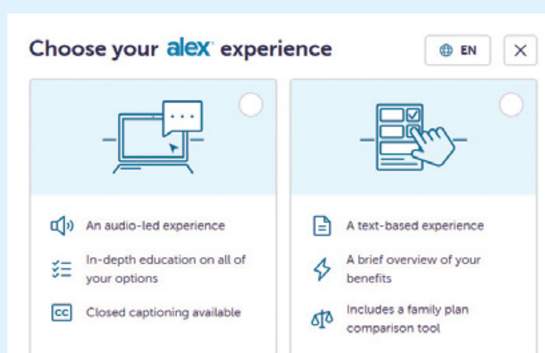
ALEX is an online tool that can help you choose the right benefits for your needs and your budget. Simply answer a few questions and ALEX will guide you through your benefit options in easy-to-understand language.

ALEX can give you information about medical, dental and vision coverage, as well as the health savings account (HSA), healthcare flexible spending account (FSA), and Dependent Day Care FSA.

Once you're done reviewing your options with ALEX, you'll need to enroll in your benefits. Learn how to enroll on page 6.

Get Started Using ALEX

1. To start a conversation with ALEX, go to: https://start.myalex.com/albertsons/unitedbenefits. You can also access more benefits resources at unitedfamilybenefits.com.
2. From the ALEX landing page, click on **Let's get started**.
3. Choose your ALEX experience. You can select an **audio-led experience** for more in-depth education about your benefits or a **text-based experience** for a brief overview of your benefit options.
4. Follow the onscreen instructions to **get started**.



Plan It. Own It. Live It.

Plan it

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

Own it

Invest time to read this Guide and access ALEX, the online benefits counselor, to help you choose the best plans for you. It's up to you to make final decisions about your benefits and ensure you're enrolled in the benefits that you want. Selecting the right benefits for your situation can help you save money in 2026.

Live it

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

If you choose to cover any family members, you'll need to submit documentation the first time you enroll them proving that they're eligible for coverage. See After You Enroll on page 7 for details.

Eligibility and Coverage

Who Is Eligible?

Generally, full-time Team Members working 30 or more hours per week are eligible for Albertsons Companies benefits on the first day of the month following 30 days of continuous employment from date of hire.

Whom Can You Cover?

- Your spouse
- Your same-sex or opposite-sex domestic partner (if you cover a domestic partner, the cost of coverage may be taxable due to IRS rules *(for more information on how domestic partner coverage impacts your taxes, see* myACI-benefits.com)
- Your child(ren) up to age 26 — eligible children include your biological children, your spouse or domestic partner's biological children, adopted children, stepchildren and legal wards. Coverage will automatically cease on your child's 26th birthday
- Your disabled child(ren) age 26 and older who:
  - became disabled prior to turning age 26 and is primarily dependent on you for support;
  - is enrolled in an Albertsons Companies medical plan (or another major medical group health plan) on the day immediately prior to attaining age 26;
  - is incapable of self-sustaining employment because of medical or physical disability; AND
  - has applied for extended coverage as a disabled dependent child within 31 days after reaching age 26 or being enrolled in the Medical Program and received approval.

Spousal/Domestic Partner Surcharge

If you choose to cover a spouse or domestic partner who has access to medical coverage through his or her employer, you will be charged an additional $50 per week for United in 2026. You will not pay a surcharge if your spouse or domestic partner:

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

This form must be renewed each Open Enrollment period.

If You Both Work at Albertsons

If you both work at Albertsons and one of you covers the other as a dependent, the spousal/domestic partner surcharge will not apply.

However, you will pay less in weekly medical premiums if you each cover yourself separately with Team Member-only coverage. If you are also covering children, it will be less expensive if one of you elects employee + child(ren) and the other elects Team Member-only medical coverage.

Benefits Eligibility for Part-time Team Members

In most cases, hourly Team Members must work 30 or more hours per week to be eligible for Albertsons Companies benefits. There are special rules to determine if that 30 hour requirement is met. Review the next sections for more details on how the 30-hour requirement is measured.

New Hire Initial Measurement Period for Part-Time Team Members

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

Standard Measurement Period (SMP)

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

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

Tracking Your Hours

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

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

Example: Calculating Part-time Eligibility

John is a non-union hourly Team Member who works at an Albertsons Companies store part-time as a Grocery Clerk. John was hired on July 14, 2024, and his standard hours in Kronos is 24. John worked a total of 554 hours between his hire date and November 10, 2024 (17 weeks) for an average of 32 hours per week.

Based on John's average hours worked, he is eligible to enroll in benefits effective January 1, 2025 through December 31, 2025.

Things to Consider Before You Enroll

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

How to Enroll

1. Gather birth dates and Social Security Numbers for dependents you will cover under medical, dental or vision. See more about dependent verification requirements on page 7.

2. Go to UnitedFamilyBenefits.com.

3. Follow the instructions link on the homepage in order to log in, or scan the QR code below to link to instructions on how to access more information to enroll in your benefits.

4. Once you have completed your online enrollment, be sure to **PRINT YOUR CONFIRMATION FOR PROOF OF ENROLLMENT**. If there is a discrepancy in your enrollment elections, a copy of your confirmation statement will be required.

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

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

Want More Information?

Visit the benefits website at UnitedFamilyBenefits.com.

Enrolling a Domestic Partner?

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

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

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

After You Enroll

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

Download a Dependent Verification Requirements Flyer.

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

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

Coverage for a newly enrolled dependent is not effective and payroll deductions for your dependent's coverage (if applicable) will not begin until you submit your completed verification documents and they are approved.

You must submit all verification documents within 31 days of the dependent's coverage effective date. If you miss the deadline, you will have to wait until the next annual Open Enrollment period or you have a qualifying life event (see page 9) during the year that allows you to enroll your dependent under your coverage.

Watch for ID Cards and Debit Cards in the Mail

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

When Coverage Begins

Full-time New Hires and Benefits-Eligible Transfers

For full-time Team Members reasonably expected to average 30 or more hours per week upon hire, coverage begins on the first of the month following 30 days of continuous employment from date of hire. **You must enroll within 31 days of your date of hire**. For example, if Rose's first day of work is March 1, her coverage begins on April 1 as long as she enrolls by 11:59 pm MT on March 31. However, if Rose starts March 5, her coverage begins on May 1 as long as she enrolls by 11:59 pm MT on April 4.

Part-time New Hires

For part-time new hires who satisfy the requirements of their initial measurement period (see page 5) and enroll in benefits, coverage for selected benefits begins the first day of the sixth month of employment.

If You Don't Enroll?

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

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

Qualifying Life Events

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

Life Changes

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

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

Dependent Verification

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

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

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

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

Verification of your dependents MUST be received within 31 days of the effective date of coverage. Coverage for a newly enrolled dependent is not effective and payroll deductions for your dependent's coverage (if applicable) will not begin until you submit your completed verification documents and they are approved.

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

Spousal Surcharge Reminder

If you are covering a spouse under the medical plan, please see the Spousal/Domestic Partner Surcharge box on page 7 for important information.

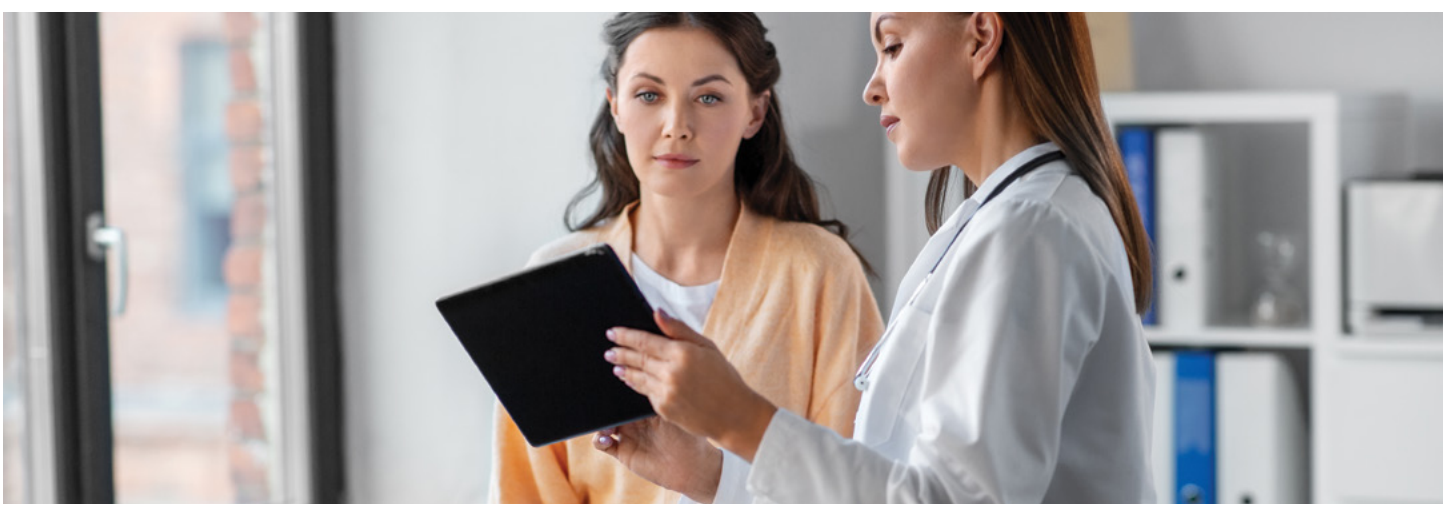
Health and Well-Being

Enjoy happiness and life satisfaction

Medical

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

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



Basic Benefit Terms

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

Coinsurance

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

Contribution

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

Copay

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

Deductible

The annual deductible is the amount you pay out of your own pocket for covered medical services before the plan begins to pay benefits. For certain services like preventive care, you do not have to pay the deductible amount before the plan begins to pay benefits. The deductible resets each January 1. **Note**: If you cover a dependent under your medical plan, review page 17 for more information.

EPO

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

HSA

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

Network

Our medical plans use a network of physicians and facilities contracted by Blue Cross of Idaho (or by regional medical plans in certain areas) to provide services within negotiated price limits. You and Albertsons both pay less when you choose in-network providers. See page 18 to find a BCI network provider in your area.

Out-of-Pocket Maximum

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

PPO

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

2026 Medical Plans At-a-Glance

Which Plans Are Available to You?

Your specific medical plan options are based on where you live. You'll be able to see the options available to you when you enroll. Log in to myACI. From the **Me page**, click on the **Benefits tile**, then click on **Enroll Now**.

Plan Feature	EPO HP-NETWORK PLAN OR EPO NETWORK PLAN	HSA PLAN	PPO PLAN
Where available	Click here for access to a list of EPO HP-Network locations	Nationwide except HI	Nationwide except HI
Annual Deductible • Team Member • Family	Embedded $1,750 $5,250	Aggregate $2,400 $4,800[1]	Embedded $1,300 $2,600
Annual Out-of-Pocket Max • Team Member • Family	Embedded $5,500 $16,500	Embedded $6,200 $12,400	Embedded $4,700 $9,400
	NETWORK ONLY YOU PAY	**IN-NETWORK YOU PAY**	**IN-NETWORK YOU PAY**
Preventive Care	$0[3]	$0[3]	$0[3]
Teladoc Telemedicine Visit • Medical • Mental Health • Dermatology • Nutrition	 $20 copay[3] $20 copay[3] $20 copay[3] $20 copay[3]	 $20 copay[3] $20 copay[3] $20 copay[3] $20 copay[3]	 $20 copay[3] $20 copay[3] $20 copay[3] $20 copay[3]
Office Visit • PCP • Specialist	 $20 copay[3] $40 copay[3]	 20%[2] 20%[2]	 20%[2] 20%[2]
Urgent Care	$40 copay[3]	20%[2]	20%[2]
Emergency Room	$200 copay + 30%[2]	20%[2]	$200 copay + 20%[2]
Diagnostic Testing	PCP office: $20 copay[3] Specialist office: $40 copay[3]	20%[2]	20%[2]
Outpatient X-Ray and Lab	PCP office: $20 copay[3] Specialist office: $40 copay[3]	20%[2]	20%[2]
Hospitalization • Inpatient Semi-Private Room • Inpatient Physician	 30%[2] 30%[2]	 20%[2] 20%[2]	 20%[2] 20%[2]
Outpatient Treatment (Physical, Occupational & Speech Therapy)	$40 copay[3]	20%[2]	20%[2]
Mental Health/Substance Abuse • Inpatient • Outpatient	 30%[2] $20 copay[3] (Outpatient psychotherapy)	 20%[2] 20%[2]	 20%[2] 20%[2]
Pharmacy Retail	**30-day supply**	**30-day supply**	**30-day supply**
• Annual Deductible Applies • Pharmacy Out-of-Pocket Max	No Combined with medical	Yes Combined with medical	No Combined with medical
• Specified Preventive Drugs[3,4] • Generic • Brand Preferred • Brand Non-Preferred	N/A $10 copay 25% (min $35, max $105) 35% (min $70, max $140)	100% covered[3,4,5] $10 copay[2] 20%[2] (min $30, max $90) 30%[2] (min $60, max $120)	N/A $10 copay 25% (min $35, max $105) 35% (min $70, max $140)
Pharmacy Retail/Mail Order	**90-day supply**	**90-day supply**	**90-day supply**
• Specified Preventive Drugs[3,4] • Generic • Brand Preferred • Brand Non-Preferred	N/A $30 copay 25% (min $105, max $315) 35% (min $210, max $420)	100% covered[3,4,5] $30 copay[2] 20%[2] (min $90, max $270) 30%[2] (min $180, max $360)	N/A $30 copay 25% (min $105, max $315) 35% (min $210, max $420)

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

Choosing the Right Medical Plan

Coverage under the plans is similar.	The difference is how you prefer to pay — less up front and more when you get care or more up front and less when you get care.
Only the HSA Plan allows you to open an HSA.	If you want to save for healthcare expenses tax-free* in an HSA, consider the HSA Plan.
The HSA Plan has an aggregate deductible. The EPO HP-Network/EPO Network plans and the PPO Plan have an embedded deductible.	This is important if you're covering dependents. With the **HSA Plan**, you must pay the entire family deductible of $4,800 before the plan shares costs with you for any covered family member. See page 17 for more information on the two types of deductibles. If you want to lower your taxable income and contribute to a health savings account via payroll deduction and pay less in paycheck premiums than the PPO Plan, the HSA Plan may be a good option for you.
The EPO Network Plan or EPO HP-Network Plan has the lowest paycheck premium for Team Member only coverage and has fixed out-of-pocket costs for basic services.	The EPO Plans offer copays for basic services and might be a good option for you if you are single and generally healthy, and you don't mind getting all of your care from EPO network providers.
EPO plans do not cover out-of-network services, except in the case of emergency.	Out-of-network services are not covered in EPO plans, so it is important to check whether your preferred providers are in-network before choosing one of these plans.
The PPO Plan allows you to see providers in and out-of-network but you pay higher paycheck premiums.	The PPO Plan has lower annual deductibles. If you use healthcare services frequently and would rather pay more up front in paycheck premiums and less when you need care, the PPO Plan may be a good option for you.

* State income tax applies in CA and NJ.

Ask alex

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

Prescription Drug Coverage

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

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

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

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

What's a pharmacy benefit manager?

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

Specialty Medications

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

Things to Consider

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

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

MedImpact Assist® Non-Specialty Copay Assistance Program

For certain non-specialty medications used to treat common conditions such as diabetes, respiratory conditions, or to prevent heart attacks and strokes, PPO and EPO/EPO HP-Network members can reduce their costs by using available manufacturers' copay assistance programs that encourage the use of their brand name drug while minimizing your out-of-pocket expense. Only Team Members enrolled in the BCI PPO, EPO, or EPO HP-Network Plans are eligible for this program.

Through the **MedImpact Assist Non-Specialty copay assistance program**, MedImpact will help you enroll in a manufacturer copay assistance program and subsidize any remaining copay after the manufacturer discount is applied, so you will pay $0 for eligible medications. **Note**: If you are a part of any government-funded program, such as Medicare Part D, Medicare Advantage, Medicaid, Medigap or TRICARE, you will not be eligible to participate in this program.

How the Program Works

If you are taking any medication(s) eligible for this program, you will receive a letter from MedImpact identifying the medications and explaining how to enroll. The letter will also include your MedImpact $0 Commercial Copay Card.

Follow the steps outlined in the letter to enroll in the program for the selected medication(s). The easiest way to enroll is through the manufacturer's copay assistance website(s) included in the letter.

Once enrolled in the manufacturer's copay assistance program, the pharmacy will apply your manufacturer savings when you fill your prescription. Then, you will use your MedImpact $0 Commercial Copay Card included in your letter if there is any remaining copay balance after the manufacturer copay assistance is applied to bring your total out-of-pocket cost to $0.

If You Don't Enroll in a Manufacturer's Medication Discount

If you don't enroll in a manufacturer's medication discount, you will pay your regular copay/coinsurance under your medical plan plus a copay penalty equal to the amount of the manufacturer's copay assistance for the medication. This copay will apply beginning with the third time you fill a medication. The copay you pay if you do not enroll in the program will not apply to your plan deductible or out-of-pocket maximum. The maximum copay for a 30-day supply is $925. The maximum copay for a 90-day supply is $2,775. The total amount you pay will not exceed the cost of the medication.

Example: The value of the manufacturer's coupon for your medication is $300. If you do not enroll in the program, you will pay $300 each time you fill your medication beginning with the third time you fill your medication.

See the current [MedImpact Assist Non-Specialty Drug List]

Note: Manufacturers' brand name medications are added to the list and dropped from the list periodically. MedImpact will notify you if your medication is dropped from the list of covered non-specialty medications.

Have Questions or Need Help Enrolling?

After you receive the letter, you can contact a MedImpact Customer Care representative to answer any questions you have about the copay assistance program linked to your medication(s). You will also be able to get assistance with the enrollment process.

You can call MedImpact for assistance at **1-888-402-1984**.

Our Core Medical Plans Are Self-funded

A self-funded or self-insured medical plan is one in which an employer takes on most or all of the cost of medical claims. Our insurance company, Blue Cross of Idaho (BCI), manages the payments, but the Company and Team Members are the ones responsible to pay the claims.

Self-funding our core medical plans (EPO, HSA and PPO) provides us with more flexibility to meet the healthcare needs for our Team Members. It also provides an opportunity to get money back at the end of the year if our total claims are less than the money we set aside during the year to pay claims and administrative expenses.

Self-funded plan	VS	Fully-insured plan
Monthly cost: Albertsons pays a specific amount to be set aside for administrative fees and our Team Members' and family members' expected hospital and doctor bills each month.		**Monthly cost**: An employer pays an insurance company a monthly insurance premium. The premium collected is used to pay claims for employees and family members, and pay administrative and overhead costs.
Claims payment: Team Members and family members receive care from doctors, hospitals and specialists, and get prescriptions at our own pharmacies or other network pharmacies. Claims incurred are paid directly from the monthly amount Albertsons sets aside to pay claims.		**Claims payment**: Employees and family members receive care from doctors, hospitals and specialists, and get prescriptions at network pharmacies. The insurance company processes claims and pays all provider bills according to the insurance carrier's rules.
Money back: At the end of the year, the total monthly cost set aside is reviewed against the total claims and administrative fees paid out for the year. Any amount left over is returned to Albertsons which can be used to offset future increases to Team Member premiums or to invest in other benefits for our Team Members.		**No Money back**: At the end of the year, the insurance company keeps all premiums collected during the year. Any amount leftover after paying all claims and administrative costs is profit for the insurance company.

Annual Deductible

How It Works If You Cover Dependents

Aggregate Deductible

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

Embedded Deductible

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

Find BCI In-Network Providers

If you enroll in a BCI medical plan in 2026, you can find in-network providers in your area on the BCI website. To find in-network providers, you must select the name of the medical plan you choose for 2026 on the provider finder page.

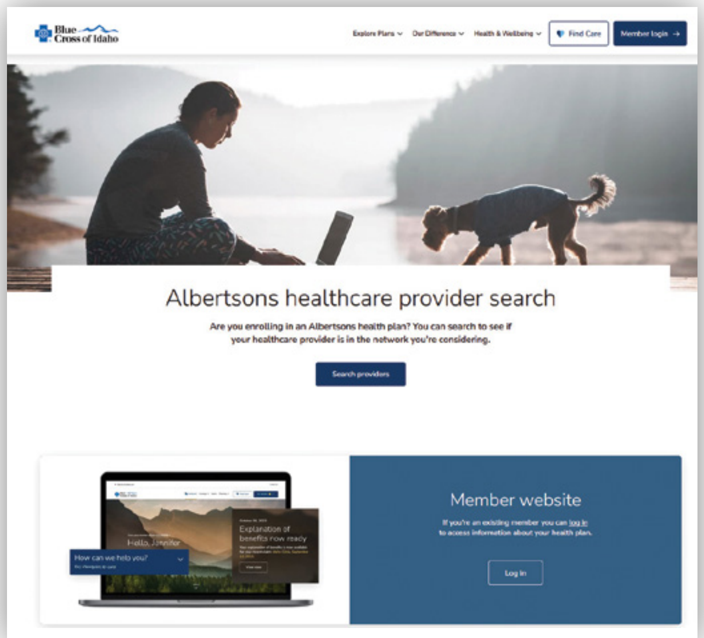
Find an In-Network Provider

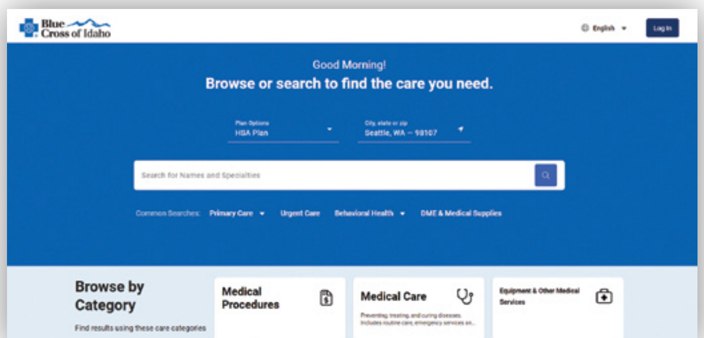
Go to https://www.bcidaho.com/albertsons-providers

1. Click on **Search Providers**
2. Under **Just Browsing**, click **Continue**
3. Enter your **ZIP code** and press **Continue**
4. Click on the **network dropdown list** and select the name of your medical plan, then click **Continue** to find providers in your area

Active Team Member Plans

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





Blue Cross of Idaho Care Guides

Blue Cross of Idaho (BCI) members have access to a network of Care Guides, which includes specially trained registered nurses, licensed social workers and other health professionals.

Care Guides allow you to get answers to the questions that you may not have had a chance to discuss with your doctor. You can rely on your Care Guide to understand of your care path, medications, treatment decision support, and more.

Care Guides support you and your entire family as needed, helping you maintain your physical and mental wellness while managing a health concern or condition. Your Care Guide will work with your doctor and provide a personalized care plan as well as:

- One-on-one education and support for any health condition
- An overview of treatment options
- Answers to your health-related questions
- Guidance on helping you connect to specialty resources such as second opinions through 2nd.MD and surgery care through Transcarent

How Do I Get Access to a Care Guide?

All adult BCI members have access to Care Guides and can contact them by phone or email. You may also be contacted if a health concern is identified and your Care Guide reaches out to offer support. For example, a new diagnosis, a recent Emergency Room visit, or reminding you about important preventive care you're due for.

You can also call BCI at **855-854-1412** and ask to be connected to a Care Guide.

What Else Can Care Guides Help Me With?

In addition to supporting you through more difficult health care events like new diagnosis or an upcoming surgery, Care Guides can help you connect with available community resources. Care Guides can also help you find high-quality, lower cost providers and facilities that are covered by your network and introduce you to clinical programs you may not realize you are eligible for.

Once You're Connected to a Care Guide, You and Your Family Members Will Continue to Receive Support and Guidance

Your Care Guide will stay in touch with you throughout your care to support you with any health concerns or goals now and in the future as your needs may change over time.

Teladoc Health Telemedicine

You and your covered family members enrolled in a BCI medical plan have access to Teladoc Health telemedicine. Connect with board-certified doctors, pediatricians, nurses, licensed therapists and psychiatrists by phone or video, 24/7. Virtual visits are safe, convenient and often cost less than urgent care visits or a visit to your primary care physician's office.

Get Started with Teladoc

You have three ways to set up a Teladoc account:

1. Go to Teladoc.com
2 Download the Teladoc mobile app from the App Store or Google Play
3. Call 800-TELADOC (835-2362)

Teladoc – Anytime, Anywhere Care for BCI Medical Plan Members

Teladoc doctors, counselors and providers are available to help with non-emergency medical issues anytime, whether you're traveling, at work or at home. With Teladoc, you'll pay a $20 copay for your telemedicine visit.

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

Virtual Visits with Your Primary Care Physician

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

Specialty Care Benefits

If you are enrolled in a BCI medical plan, you and your dependents have access to several programs that work together to help you make confident decisions around a new diagnosis, surgery, changes in your medication, chronic conditions or cancer diagnosis.

2nd.MD—Expert Second Opinions Made Easy

With 2nd.MD, you and your covered family members have free access to expert medical advice and second opinions from some of the country's leading medical providers. When you're facing a medical decision, 2nd.MD can help you receive the right diagnosis and the right course of treatment at no cost to you.

2nd.MD can also help you find high-quality in-network providers in your area. Services include:

- Intake to gather your needs and preferences
- Rigorous provider evaluation based on clinical data
- Validation of insurance acceptance and accepting new patients
- Matching with top 25% of condition-specific providers
- Transfer of medical records and appointment availability

2nd.MD Benefits At-a-Glance

	2nd.MD
Cost	No cost to you
Description	Get an expert second opinion on any medical diagnosis or treatment plan. 2nd.MD can also help you find specialists and get expert answers to your questions.
Reason to Contact	• New diagnosis other than cancer-related • Possible surgery • Change in medication • Chronic condition
Covered Conditions	• Pending surgery • Musculoskeletal pain • Joint pain • Neurological disorders • Vascular disease • GI disorders • Immunological disorders • Behavioral health concerns • Infertility and pregnancy concerns • Genetic disorders
Services Provided	(Examples — many additional conditions are covered) • Collecting records • Recommending specialists • Scheduling a consult • Coordinating follow-up needs with other providers and services available to you **Expert Second Opinion Service** 2nd.MD offers expert-led education and guidance on any major medical decisions you and your family may face. 2nd.MD helps you gain medical reassurance by connecting you with an expert who can help you with the following: • Pair you with a highly-skilled, experienced nurse who can help you understand your medical situation, review important questions to ask your doctor and help you navigate the healthcare system. • Connect virtually with a doctor who specializes in your specific condition. They will review your medical records and have a detailed conversation with you so you can gain confidence in your diagnosis and treatment plan.
Contact Information	Website: www.2nd.md/albertsons To register, fill in the information under "Get Started!" Telephone: **866-841-2575**

2nd.MD Oncology Support

Through 2nd.MD, you and your family also have access to oncology support services. 2nd.MD's oncology services are designed to empower you throughout your diagnosis and support you at every turn. No matter where you are in your cancer journey, whether you've just been diagnosed or are looking for additional care options, 2nd.MD can help.

Oncology services include		
Diagnosis confirmation	Local provider search and steerage	Behavioral health support
Treatment decision support	Program referrals	Palliative care
Clinical trial matching		

2nd.MD's multidisciplinary oncology team includes expert oncologists with specialized expertise from National Cancer Institute (NCI)- Designated Comprehensive Cancer Centers, including Dana-Farber Cancer Institute, Fox Chase Cancer Center, Memorial Sloan Kettering Cancer Center, Baylor College of Medicine, Standord Cancer Institute, Siteman Cancer Center, Moffitt Cancer Center, and Boston Children's Hospital. Plus, you'll have the support of 2nd.MD's expert oncology nurses to answer questions and guide you through your care, as well as access to specialists to provide supportive consults on topics such as nutrition, cardio-oncology, neurology, and more. Your 2nd.MD team can guide you to the best care options for your case and stay in contact with your local care team to ensure you get the best care.

How It Works

2nd.MD's oncology support services are guided based on the stage of your cancer journey.

	Detection	Diagnosis and Treatment	Advanced
2nd.MD provides	• Help determining goal of care • Advanced education • Treatment decision support • Site of care guidance	• Multidisciplinary consults sequenced as needed or via virtual tumor board • Treatment decision support • Concierge site of care steerage	• Clinical trial identification and enrollment assistance • Education and coordination with advanced directives • Palliative care experts

Get Started with 2nd.MD

- Call **866-841-2575**
- Visit www.2nd.md/albertsons
- Download the 2nd.MD app on the App Store or Google Play
- Download a 2nd.MD flyer

Transcarent Surgery Care

Transcarent is your dedicated partner for spine, knee, hip, shoulder and bariatric surgeries. Let Transcarent take care of the details and get you the result you want—all at little-to-no-cost to you.

Transcarent Surgery Care At-a-Glance

Covered Conditions/ Services	• General • Cardiac care • Vascular • Neurological	• Colonoscopies and endoscopies • Orthopedic (Shoulder, Knee and Hip)** and Spine** • Bariatric**	• Women's health (gynecological) • Certain cancer-related surgeries
Annual Deductible	Waived*		
Plan Pays	100%*		
Virtual Orthopedic Consultation	Connect virtually with an orthopedic specialist for a comprehensive diagnostic exam at no cost to you.		
Travel Benefit	Travel benefits for you and a companion are provided if you are required to travel more than 100 miles from your home. Travel benefits include reimbursement for airfare, hotel and daily meal allowance.		
Contact Information	Contact a Care Coordinator at **888-387-3912** or send an email to surgerycare@transcarent.com.		

* If you're enrolled in either the EPO or PPO plans, you pay nothing out-of-pocket. If you're enrolled in an HSA plan, you pay nothing once you meet your deductible.

** Blue Cross of Idaho plan Members are required to use Transcarent for specific spine, knee, hip, shoulder, and bariatric surgeries. If you don't use Transcarent, your surgery will not be covered by insurance. If you have questions, please contact your Care Coordinator.

Transcarent Required for Musculoskeletal and Bariatric Surgery

Blue Cross of Idaho members are required to use Transcarent for certain bariatric, spine, knee, hip and shoulder surgeries. When you use Transcarent, you will pay $0 out of pocket* and receive expert guidance and end-to-end support throughout surgery and recovery. For details, visit https://myaci-benefits.com/health/transcarent/.

Take Advantage of Transcarent Benefits for Other Covered Conditions

You can also take advantage of the Transcarent benefits for other covered conditions and services. Using Transcarent's top-rated facilities for non-emergency surgeries will save money while you receive expert-led medical care. In addition to covering the cost of surgery, travel benefits for you and a companion may be available when you need to travel more than 100 miles for care.

Albertsons Diabetes Management Program

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

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

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

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

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

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

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

SmartShopper®

Save Money on Medical Procedures

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

SmartShopper® can help you:

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

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

Shop

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

Select

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

Earn

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

Dental

Science tells us it takes fewer muscles to smile than it does to frown. To keep your smile bright, choose from two options through Delta Dental: **Basic Plan** and **Enhanced Plan**. Both options cover 100% of the cost for preventive dental care when you use a Delta Dental PPO provider. The Enhanced Plan offers a higher annual maximum benefit, higher coverage and includes orthodontia with a $3,000 lifetime maximum for both children and adults.

Your dental plan offers two national networks to choose from: **PPO** & **Premier**. When visiting a Delta Dental PPO dentist, you receive the best benefit levels, and your out-of-pocket costs are likely to be the lowest. If you go to a non-PPO dentist who participates with the Premier network, you still receive contractual savings, but you may have higher out-of-pocket costs.

	Basic Plan			Enhanced Plan		
Network*	**PPO**	**Premier**	**Out of Network**	**PPO**	**Premier**	**Out of Network**
Deductible (Single / Family)	$50/$150	$50/$150	$75/$225	$25/$75	$25/$75	$50/$150
Annual Maximum	$500 per person			$2,000 per person		
	You Pay			**You Pay**		
Preventive & Diagnostic*	$0	$0	20%	$0	10%	20%
Basic Services	40%	50%	60%	10%	20%	30%
Major Services	90%	90%	100%	40%	50%	60%
Orthodontia**	Not Covered			50% - $3,000 lifetime max		

* The deductible does not apply toward preventive and diagnostic services or orthodontic services. When using a PPO network dentist, preventive and diagnostic services do not count toward the annual maximum benefit.

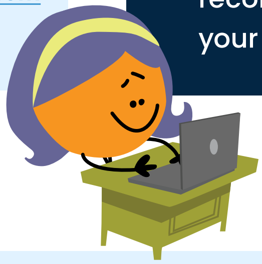
** 12-month waiting period applies to new enrollees.

Find a Network Dentist?

Contact Delta Dental of Idaho at www.deltadentalid.com or call **800-356-7586**

Ask alex

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



Things to Consider

- If you'll need only regular cleanings and X-rays, the **Basic Plan** may be a good choice for you.
- If you'll need restorative or major work such as crowns and bridges, the **Enhanced Plan** may be the better option. It costs more for coverage, but it has a higher annual maximum.
- The **Enhanced Plan** covers orthodontia; the **Basic Plan** does not.

Vision

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

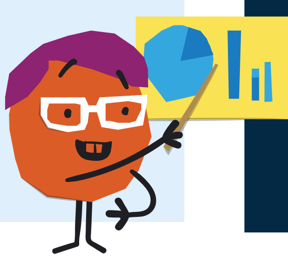
There is no charge to plan participants for UV protection and scratch resistant coating (usually a $50-$75 charge for each). Plus, coverage includes discounts on additional pairs of eyeglasses, sunglasses and LASIK surgery.

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

* Contact lens exam includes fitting and evaluation.

Need to find a VSP vision provider?

Contact VSP at
https://albertsons.vspforme.com
or call **800-877-7195**



Ask alex

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

VSP KidsCare Plan

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

Tax Savings Accounts

Your money with superpowers

Health Savings Account

The Benefits of an HSA

If you enroll in the HSA Plan, you may be eligible to contribute to a health savings account (HSA). An HSA has several advantages:

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

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

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

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

HSA Eligibility

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

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

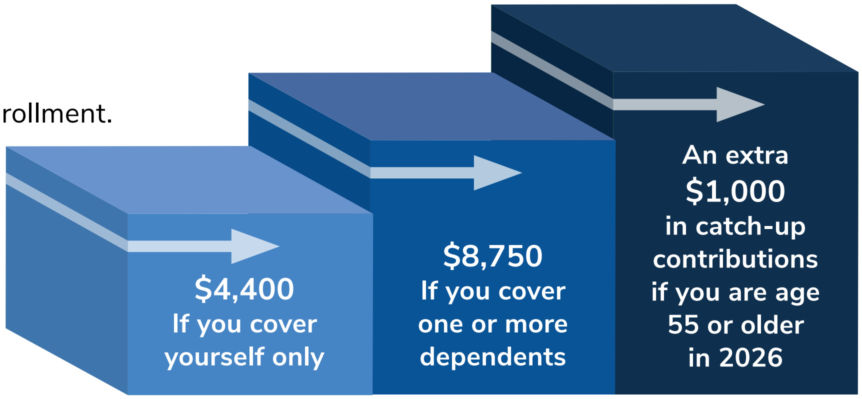
Note: If your HSA eligibility changes during 2026, you are responsible for stopping your HSA contributions for the remainder of the year. Turn to the next page for details on changing your contributions.

Ask alex

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

Grow Your HSA

Elect your HSA contributions during Open Enrollment. Keep the IRS[1] annual limits in mind. In 2026, you can contribute up to:



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

Important: Activate Your HSA with Fidelity

If you enroll in the HSA Medical Plan for the first time and set up an HSA contribution amount at the time of enrollment, you will receive an email from Fidelity with instructions on how to activate your HSA on the Fidelity website or on the Fidelity mobile app. **When you enroll in the HSA for the first time, you MUST activate your HSA with Fidelity or your contributions will not start.** Once enrolled you do not need to activate your HSA with Fidelity each year.

Use Your HSA for the Everyday

You can use your HSA for your own healthcare expenses and those of your qualified federal tax dependents, even if they're not enrolled in an Albertsons medical plan.

Medical deductibles and expenses

Prescription drugs

Office visit copays and coinsurance

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

Dental deductibles and eligible expenses

Vision expenses such as eye exams, glasses and contacts.

Changing Your HSA Contribution Amount

Contact **totalbenefits@unitedtexas.com** if you wish to change your HSA contribution amount during the year

Flexible Spending Accounts

Flexible spending accounts (FSAs) help you save money for eligible expenses and lower your taxable income. FSAs are administered by HealthEquity. You must re-enroll in these accounts each year.

Healthcare FSA

A healthcare FSA gives you a tax break on eligible medical, dental and vision expenses that are not covered by other plans. By anticipating your expenses and arranging for deductions to be made from your paycheck each pay period, you lower your tax bill. In 2026, you can set aside up to $3,300 on a pre-tax basis.

Healthcare Flexible Spending Account	
Annual Maximum Contribution	Up to $3,300 in 2026.
Eligible Expenses	Medical, dental and vision care expenses not paid by your health insurance and on the IRS list of approved expenses.
If You Don't Use It	Unused funds contributed to a healthcare FSA in 2026 of up to $660 can be carried over to 2027 if you enroll in a healthcare FSA in 2027.

In October 2026, HealthEquity will send "reminder letters" to all FSA participants with account balances. The letters will remind participants of the deadlines to use the funds and submit claims.

IRS and HSAs

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

Ask alex

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

2025 vs 2026 Claims

Starting January 1, 2026, FSAs will be administered by HealthEquity. Claims incurred starting January 1, 2026 should be submitted to HealthEquity for reimbursement. If you are submitting a claim for an expense incurred before January 1, 2026, submit the claim to Navia Benefit Solutions.

Claims incurred after 1/1/26:
HealthEquity
www.healthequity.com/fsa

Claims incurred before 1/1/26:
Navia Benefit Solutions
naviabenefits.com

Dependent Day Care FSA

A dependent day care FSA allows you to pay for eligible day care or elder care expenses while you are working. You can set aside up to $7,500 each plan year on a pre-tax basis to cover the cost of dependent day care expenses.

The amount you contribute to a dependent day care FSA cannot be greater than your income or your spouse's income, whichever is less. If your spouse contributes to a dependent care FSA through his or her employer, your combined contributions may not exceed $7,500.

Dependent Day Care FSA	
Annual Maximum Contribution	Up to $7,500 in 2026 if you are single or married filing jointly ($3,750 max if you are married filing separately). **Note**: For highly compensated Team Members earning $160,000 or more in 2025, your contribution limit may be reduced in 2026 based on the results of IRS non-discrimination testing completed in Q1 2026.
Eligible Expenses	Dependent day care expenses that make it possible for you to work.
If You Don't Use It	Any unused funds contributed to a dependent day care FSA in 2026 are forfeited at the end of the 2026 calendar year.

The ABCs of HSAs and FSAs

Understanding the difference between the health savings account (HSA) and flexible spending accounts (FSAs)

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

Account Feature	HSA	Healthcare FSA	Dependent Day Care FSA
	These accounts are for healthcare expenses only.		
Who administers the account?	Fidelity	HealthEquity	HealthEquity
Who can contribute?	Benefits-eligible Team Members enrolled in a high-deductible medical option (unless Medicare-enrolled). You must meet federal HSA eligibility requirements.[1]	Benefits-eligible Team Members NOT enrolled in a high-deductible medical plan option	Benefits-eligible Team Members
What are the 2026 contribution limits?	Up to $4,400 for individuals; $8,750 for families	Up to $3,300	Up to $7,500 (up to $3,750 if married and filing separately)
Can I make catch-up contributions?	Yes, up to an additional $1,000 per year if age 55 or older in 2026	No	No
When can I change my contributions?	Anytime	Only during Annual Enrollment or within 31 days of a qualifying life event	Only during Annual Enrollment or within 31 days of a qualifying life event
What types of expenses are eligible?	Medical, prescription drug, dental and vision expenses, copays and coinsurance	Medical, prescription drug, dental and vision expenses, copays and coinsurance	Dependent child and adult care so you (and your spouse/domestic partner) can work or go to school
Can I use my account for any other expenses?	Yes, but funds become taxable, plus you pay an additional 20% penalty	No	No
Is there a debit card?	Yes	Yes	No
When can I begin using my account funds?	As soon as they are in your account	The first day of the plan year, up to your annual election amount	As soon as they are in your account
Will my balance roll over to next year?	Yes	You can carry over up to $660 of funds left in your Healthcare FSA in at the end of 2026 to 2027	No
Can I invest my account?	Yes, once your balance reaches $1,000; any earnings grow tax-free	No	No
Can I take my account with me if I leave Albertsons?	Yes	No, unless eligible for continuation through COBRA	No

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

Commuter Benefits

Commuter benefits save you money on taxes if you commute to and from work using public transportation. Once you sign up, funds are deducted from your paycheck automatically on a pre-tax basis, lowering your taxable income. For 2026, the maximum pre-tax transit contribution is $325 per month.

The program is administered through HealthEquity. You'll receive a HealthEquity debit card that you can use to pay providers at the time of service directly from your transit account. If you are enrolled in a Health Care Flexible Spending Account and elect Commuter Benefits, the funds will be added to your HealthEquity FSA debit card.

Get started by enrolling with HealthEquity. You cannot enroll in Commuter Benefits via myACI.

Health Equity Commuter Benefits

Visit https://healthequity.com/learn/commuter
Employer ID: Albertsons

Call **866-346-5800**

Financial Protection

Enjoy peace of mind and long-term savings

Life and AD&D Insurance

To give your loved ones peace of mind, you have life and accidental death & dismemberment (AD&D) coverage available in case something were to happen to you.

Basic Life and AD&D Insurance

If you are a benefits-eligible Team Member, you automatically receive basic life and AD&D insurance in the amounts shown below. Coverage decreases to 65% of the original amount between ages 65 and 69, 45% between ages 70 and 74, 30% between ages 75 and 79, and 20% ages 80 and older.

Coverage (Company-paid)	Coverage Amount
Basic Life*	2X annual base salary (certain limits apply)
Basic AD&D	0.5X annual base salary (certain limits apply)

* The IRS requires the value of the premiums the Company pays for your Basic Life Insurance in excess of $50,000 be reported as taxable income. To avoid this, you can choose Basic Life Insurance equal to $50,000 when you enroll in your benefits if 2X your annual salrary is greater than $50,000.

Optional Life Insurance

If you are a benefits-eligible Team Member and you are not a member of an excluded bargaining unit, you can purchase optional life insurance for yourself and your eligible family members. If you and your spouse or domestic partner are both employed by Albertsons Companies, neither you nor your spouse or domestic partner can be covered under optional life as both a Team Member and a spouse or domestic partner.

Coverage (Team Member-Paid)	Coverage Amount	Guaranteed Issue Amount
Optional Life (for you)	1X to 8X annual base salary, up to $2,000,000 (up to $3,000,000 combined basic life + optional life)	Lesser of 3X annual base salary or $1,000,000
Optional Spouse/Domestic Partner Life	$10,000 to $500,000 in $10,000 increments You do not need to have optional life insurance for yourself in order for your spouse or domestic partner to have coverage, but your spouse/domestic partner's coverage cannot exceed your total coverage under basic and optional life insurance combined.	$50,000 maximum
Optional Child Life (up to age 26)	$5,000 to $20,000 in $5,000 increments You do not need to have optional life insurance for yourself in order for your child(ren) to have coverage.	$20,000 maximum

Evidence of insurability (EOI) and approval by the insurance carrier is not required for optional life insurance coverage for yourself and/or your spouse/domestic partner up to the guaranteed issue amounts shown above if you elect coverage when you are first eligible or during the 2026 Open Enrollment period. After the 2026 Open Enrollment period, any new request for coverage or any increase in coverage from current Team Members will require evidence of insurability and approval by the insurance carrier before coverage is approved. New hires and newly eligible Team Members will continue to be able to elect coverage up to the guaranteed issue amounts shown above without EOI.

LTD Extension Available to Continue Basic Life and AD&D Insurance

If you are disabled before your Normal Retirement Age and have an approved long-term disability (LTD) claim with The Hartford, you can continue your company-paid basic life and AD&D insurance when you reach the maximum benefit continuation period (26 weeks) while on a leave of absence. You must contact the Associate Experience Center at 888-255-2269 to request the LTD extension in order to receive this benefit. More information is available on the When Benefits End page on myACI-benefits.com.

Optional AD&D Insurance

If you are a benefits-eligible Team Member and you are not a member of an excluded bargaining unit, you can purchase optional AD&D insurance for yourself and your family members. If you and your spouse or domestic partner are both employed by Albertsons Companies, neither you nor your spouse or domestic partner can be covered under optional AD&D as both a Team Member and a spouse or domestic partner.

Coverage (Team Member-Paid)	Coverage Amount
Optional AD&D (for you)	1X to 10X annual base salary, up to $2,000,000
Optional AD&D (for family members)	
• Spouse/domestic partner only	75% of your coverage amount
• Child(ren) only	20% of your coverage amount
• Spouse/domestic partner and child(ren)	Spouse/domestic partner: 60% of your coverage amount, Child(ren): 10% of your coverage amount

Disability Insurance

Disability insurance ensures that eligible Team Members have a financial safety net in place should you become unable to work. Short-term disability insurance is paid by Albertsons Companies. Your eligibility for short-term disability will depend on your hire date and the hours you work per week. Eligible Team Members who elect long-term disability coverage pay the cost for that coverage.

	Short-Term Disability	Long-Term Disability
Benefit Amount	Following elimination period, 100% of eligible pay for 6 weeks; 60% of eligible pay for up to 19 additional weeks	60% of eligible base pay + bonus up to $25,000 per month
Benefits Begin	After 7-day elimination period[1]	After a 180-day elimination period
Benefits Period	Maximum of 26 weeks (including elimination period)	Benefits continue until • You are no longer considered disabled; or • You are no longer entitled to benefits under the terms of the policy
Who Pays for Coverage?	Albertsons Companies, for eligible Team Members	You if you elect this coverage

[1] For hospital confinements of 24 hours or more, or for an Outpatient Surgical Procedure which necessitates a Total Disability period or a Disabled and Working Disability period of 24 hours or more after surgery, benefits commence: 1) on the first day of hospital confinement; or 2) on the date of the Outpatient Surgical Procedure."

State Disability Plans

Certain states and the District of Columbia provide short-term disability coverage for residents. For Team Members who live in CA, CT, DC, HI, MA, NJ, NY, OR, RI, WA or any other state with mandatory short-term disability coverage, benefits through Albertsons Companies short-term disability plan will be offset by the amounts eligible to be paid by your state plan.

Evidence of Insurability for Long-Term Disability Insurance

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

Unum Voluntary Plans

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

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

What You Can Use the Money For

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

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

UnumProvident Corporation

Visit unum.com

Call **(800) 635-5597**

Not a Replacement for Medical Coverage

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

MetLife Pet Insurance

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

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

Get a Quote for Pet Insurance or Enroll Today

Visit www.metlife.com/albertsons.

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

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

Auto and Home Insurance

Protect your home and vehicle with auto, home and renters insurance. As a benefits-eligible Albertsons Companies Team Member, you could access discounts of up to 10% on insurance premiums from three top providers: Farmers, Liberty Mutual and Travelers. Each offers competitive rates and comprehensive coverage options, so getting quotes from all three is a good idea to see which one works best for you.

Apply Anytime

Follow the steps below to explore your personalized quotes anytime – no need to wait for your current policy to renew.

1. **Request a Quote**: Visit the Famers, Liberty Mutual, and/or Travelers website to request a personalized quote and see how much you could save as an Albertsons Team Member. Call or access the specific URLs and use the Albertsons codes in the box to the right to get your Albertsons Companies discount.
2. **Choose Your Provider**: Compare your quotes and choose the best option for your situation.
3. **Apply Directly**: Once you've decided which provider works best for you, visit their website to complete your enrollment.

Voluntary auto and home insurance is available to all Team Members (subject to availability and individual eligibility). You can enroll directly through Farmers, Liberty Mutual, or Travelers and pay premiums directly through one of the available payment options. This voluntary benefit does not offer premium payment through payroll deduction.

Contact Information

TRAVELERS

www.travelers.com/albertsons
888-270-5227

Liberty Mutual INSURANCE

www.libertymutual.com/albertsons
(client number 137434)
844-240-9405

FARMERS INSURANCE

www.farmers.com/groupselect
877-330-6238
Company Code: FTK

Retirement

Plan for an amazing future

401(k) Plan

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

Eligibility

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

Your Contributions

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

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

The maximum contribution you can make to your 401(k) Plan in 2026 is $23,500.

You can also make the following catch-up contribution in 2026 based on your age:

- Age 50 to 59 in 2026: $7,500
- Age 60 to 63 in 2026: $11,250
- Age 64 or older in 2026: $7,500

Starting January 1, 2026, Team Members whose Social Security wages exceeded $145,000 in the prior year (2025, indexed for inflation) must make any catch-up contributions to a Roth 401(k) account on an after-tax basis.

How to Enroll

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

Discretionary Company Matching Contribution

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

You are eligible for the matching contribution after completing 1,000 hours of service as of your one-year anniversary or a subsequent plan year. You must also be employed at the end of each plan year. The Company match is calculated and posted to participant accounts during the first quarter of the following calendar year. Some exceptions apply; refer to the Summary Plan Description (SPD) for details.

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

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

Vesting

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

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

Investments

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

Discretionary Matching Contribution Example

John is 34 years old and was hired on July 8, 2023, with a $65,000 annual salary. John worked more than 1,000 hours by his first anniversary making his 401(k) plan contributions after July 8, 2024, eligible for a discretionary Company match. The discretionary Company match for 2024 is 50% of the first 7% of annual eligible earnings a Team Member contributes to the 401(k) plan once they meet eligibility requirements.

STEP 1 **John starts contributing to the 401(k)**	Starting the first week in January 2024, John contributes 10% of his weekly earnings ($125) to the 401(k) plan.
STEP 2 **John became eligible for discretionary match contribution**	John became eligible for a discretionary Company match contribution on July 8, 2024.
STEP 3 **Week remaining in first year of eligibility for match**	There are 25 weeks remaining in 2024 that are eligible for a Company match. The discretionary match contribution is based on John's earnings and 401(k) contributions **after** meeting the match eligibility requirement.
STEP 4 **John's Company match contribution calculation**	The contributions John made after July 8, 2024 are eligible for the Company match. • $65,000 / 52 = $1,250 weekly earnings • $1,250 x 25 weeks = $31,250 (John's eligible earnings) • 7% of $31,250 = $2,187.50 • $2,187.50 x 50% = **$1,093.75 Company match contribution**
STEP 5 **John's total saved in the 401(k) in 2023**	• $125 X 52 = $6,500 John's 401(k) contribution • $1,093.75 Company match contribution • $6,500 +$1,093.75 = **$7,593.75**

Work-Life

Balancing your personal and professional lives

Employee Assistance Program (EAP)

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

Who Is Eligible?

The EAP is available to all benefits-eligible Team Members and their household members. Certain collectively bargained employees may be excluded. Check with your union representative for details.

Why Is the EAP Important?

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

Access Support Through GuidanceResources.com

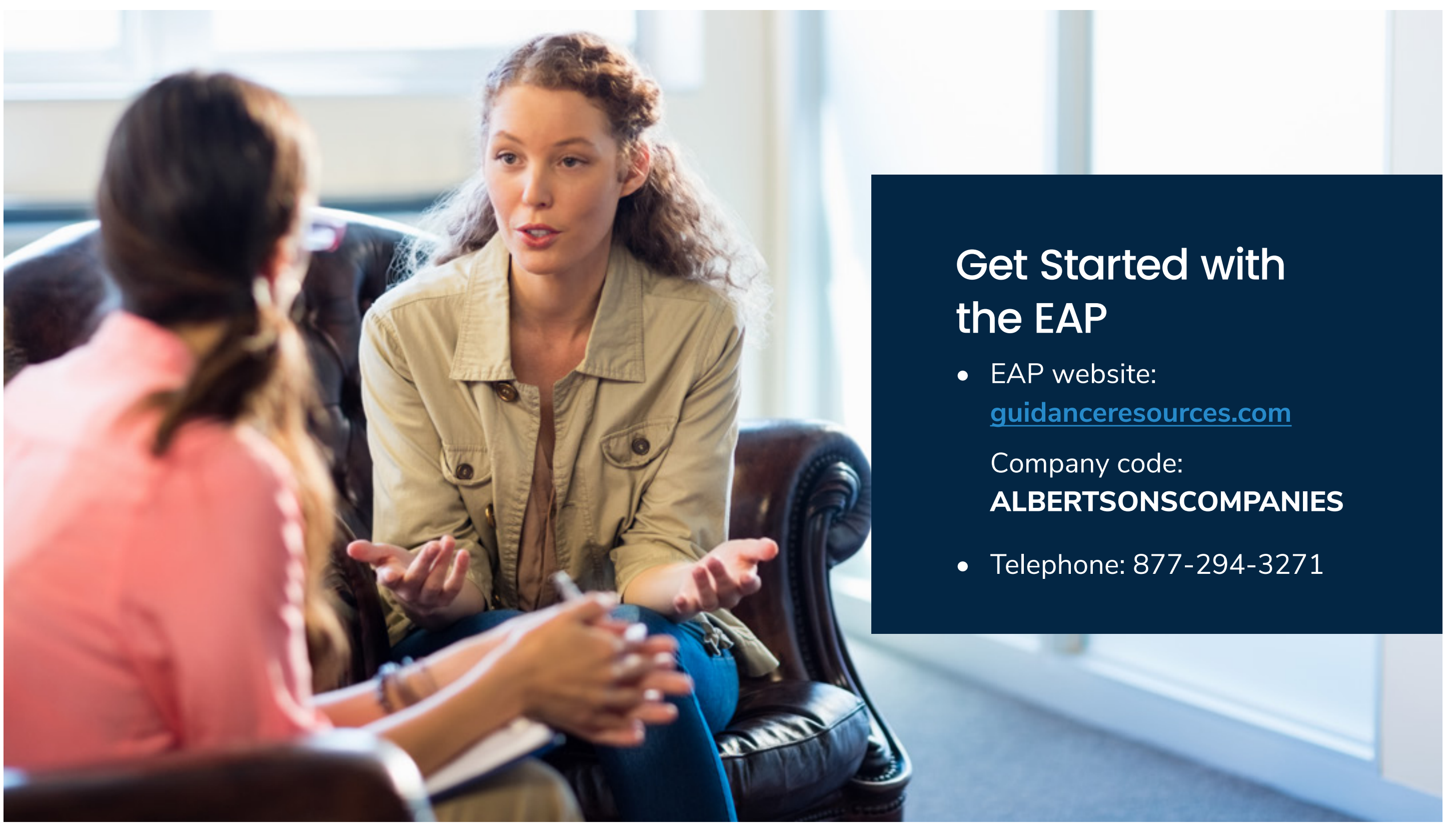
The ComPsych EAP website provides three easy paths to help you get the support you need, when you need it.

Get started at www.guidanceresources.com by choosing between three options:

- **Connect me with an expert or schedule appointments:** Direct access to live care.
- **Guide me:** Get help choosing between live care and other tools.
- **Assess me:** Take a wellbeing assessment to evaluate your needs.

Or, click **Browse all services** to explore everything ComPsych has to offer. Best of all, your registration is still active, so you don't need to do anything to make this change take effect — just sign in and go!

If you're new to ComPsych, you'll need to register for the first time to take advantage of EAP services.



Get Started with the EAP

- EAP website: guidanceresources.com

  Company code: **ALBERTSONSCOMPANIES**

- Telephone: 877-294-3271

RethinkCare — Support for Families

RethinkCare gives your family 24/7 access to tools to help you understand, teach and better communicate with your child, including those with developmental and learning challenges. RethinkCare is provided to benefits-eligible Team Members by Albertsons Companies at no cost to you.

Gain access to free 1:1 teleconsultations with Board Certified Parenting Experts who specialize in working with parents across a broad spectrum of needs. You'll also have access to digital training, tips, articles and exercises to help families raise more resilient children. RethinkCare provides resources to help you raise resilient children, including those with autism and ADHD, such as:

- Ongoing consultations with a dedicated Parenting Expert to address your specific challenges
- Content developed to help your child with socialization, developmental and learning challenges, behavioral issues and more
- Unlimited access to website and mobile app with how-to videos and resources to teach crucial skills

More information about RethinkCare is available at myACI-benefits.com/rethink.

Get Started with RethinkCare

1. Go to https://connect.rethinkcare.com sponsor/albertsons.
2. Fill out your personal information to give you and your family 24/7 access to help you understand, teach and better communicate with your child.

Have questions or need assistance?
Email support@rethinkcare.com

United We Care

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

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

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

Team Perks

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

- Sign up for team perks today!
- Scan to sign up or learn more

Legal Notices

General Notice of COBRA Continuation Coverage Rights

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Continuation Coverage Available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Associate Benefits Department, Albertsons Supermarkets. Please complete a "life event" when logging into www.unitedfamilybenefits.com with the effective date of the event (birth, marriage, divorce, etc.) We need a copy of the birth certificate if adding a baby, or proof of loss of coverage within 60 days if adding a dependent, or a copy of the marriage certificate or divorce decree if applicable. The fax number is **(806) 791-6341**.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Documentation should be sent to the Associate Benefits Department at 7830 Orlando Ave. or faxed to **(806) 791-6341**. Please contact the Associate Benefits Department for additional information at **(806) 791-0220**.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

You can learn more about many of these options at www.healthcare.gov.

General Notice of Cobra Continuation Coverage Rights (continued)

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa.** (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.HealthCare.gov**.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

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

Legal Notices

The following are legal notices Albertsons Companies is required to provide:

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

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

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

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

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

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

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

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

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

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

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

Albertsons Companies Medical Plan will also allow a special enrollment opportunity if you or your eligible dependents either:

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

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

Availability of Notice of Privacy Practices

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

Women's Health and Cancer Rights Act of 1998

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

Coverage for Reconstructive Surgery Following Mastectomy

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

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

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

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

Key Contacts

Important resources and contact information

Carrier Mobile Apps

Now you can take your benefits with you on the go! Download the mobile apps provided by our carrier partners.

	Carrier or Administrator	App Store	Google Play Store
	Blue Cross of Idaho Plan administrator for the EPO, HSA and PPO plans.	Download on the App Store	GET IT ON Google Play
	Teladoc (BCI medical plans) Anytime, anywhere access to board certified doctors.	Download on the App Store	GET IT ON Google Play
	MedImpact (BCI medical plans) Pharmacy Benefit Manager for the BCI medical plans.	Download on the App Store	GET IT ON Google Play
	Delta Dental Dental plan administrator.	Download on the App Store	GET IT ON Google Play
	Vision Service Plan Vision benefits provider.	Download on the App Store	GET IT ON Google Play
	Fidelity Investments 401(k) Plan and HSA administrator	Download on the App Store	GET IT ON Google Play
	HealthEquity FSA, Commuter & COBRA Administrator	Download on the App Store	GET IT ON Google Play
	ComPsych EAP Employee Assistance Program administrator	Download on the App Store	GET IT ON Google Play
	Unum Critical Illness, Accident, Hospital Indemnity insurance carrier	Download on the App Store	GET IT ON Google Play
	Travelers Auto and Home Insurance	Download on the App Store	GET IT ON Google Play
	Liberty Mutual Auto and Home Insurance	Download on the App Store	GET IT ON Google Play
	Farmers Auto and Home Insurance	Download on the App Store	GET IT ON Google Play

Key Contacts

Contact	Website	Telephone
Benefits Enrollment/General Benefits Information	unitedfamilybenefits.com	888-791-0220
Medical		
Blue Cross of Idaho Customer Service	members.bcidaho.com	855-854-1412
Blue Cross of Idaho Nurseline	members.bcidaho.com	855-854-1412
Transcarent Surgery Care	www.transcarent.com/surgery-care	888-387-3912
Blue Distinction Centers	www.bcbs.com/blue-distinction-center-finder	855-854-1412
Albertsons Diabetes Management Program		844-778-2083
SmartShopper	members.bcidaho.com	866-507-3528
Teladoc	teladoc.com	800-835-2362
Health Savings Account		
Fidelity	netbenefits.com	866-956-3433
Pharmacy		
MedImpact	www.medimpact.com	888-402-1984
Dental & Vision		
Delta Dental of Idaho	deltadentalid.com	800-356-7586
Vision Service Plan (VSP)	vsp.com	800-877-7195
Flexible Spending Accounts		
HealthEquity	FSAs: https://www.healthequity.com/fsa Commuter: https://www.healthequity.com/commuter COBRA: https://www.healthequity.com/cobra	FSAs: 866-346-5800 Commuter: 877-924-3967 COBRA: 877-722-2667
Life and AD&D Insurance		
The Hartford (Plan #681852)	abilityadvantage.thehartford.com	888-755-1503
Disability—Short-Term and Long-Term		
The Hartford (Policy #697770)	abilityadvantage.thehartford.com	855-532-7881
Voluntary Benefits		
Accident Insurance Unum (Policy # 0920012)	unum.com	800-635-5597
Critical Illness Unum (Policy #0946942)	unum.com	800-635-5597
Hospital Indemnity Unum (Policy #0946943)	unum.com	800-635-5597

Key Contacts

Contact	Website	Telephone
Employee Assistance Program		
ComPsych	guidanceresources.com	877-294-3271
Help for Parents with Children with Learning, Social or Behavioral Challenges		
RethinkCare	connect.rethinkcare.com/sponsor/team-search	800-714-9285
401(k) Savings Plan		
Fidelity (Plan# 99811)	netbenefits.com	866-956-3433
Pet Insurance		
Metlife	www.metlife.com/albertsons	800-438-6388
Auto and Home Insurance		
Farmers	https://www.farmers.com/groupselect/auto-insurance/	877-330-6238 Company Code: FTK
Liberty Mutual	www.libertymutual.com/albertsons Client Number: 137434	844-240-9405
Travelers	www.travelers.com/albertsons	888-270-5227

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