Understanding Your Health Benefits and Options

2027 Annual Open Enrollment Guide



ShopRite Supermarkets, Inc.

Inside

Your well-being is important to you — and it's important to us. We are here to support you during the moments that matter the most. That is why we are committed to providing a flexible, comprehensive benefits package for you and your family.

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Open Enrollment 2027

As a ShopRite Associate, you have access to benefit plans for you and your family. Understanding your options is the first step to making a decision for the next calendar year.

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

Who: Full-time, Non-affiliated, SRS associates who are eligible for benefits. If this is your first-year enrolling, please take the time to review your options to ensure you are making the best choice for you and your family.

In 2027, there will be Two Medical Plan Options:

- Aetna Choice POS II Plan
- Aetna Choice POS II – BASIC PLAN

When: Open Enrollment begins Monday, October 26, 2026, and ends at midnight on Friday, November 13, 2026.

How: Go to **www.srsbenefits.com** and download the enrollment form located at the bottom of the **ACT** page under “Enrollment Forms”. These password-protected forms contain your weekly associate contributions.

Next Step: complete the enrollment forms and return to **srsbenefits@wakefern.com** no later than November 16, 2026, to receive the coverage of your choice in 2027.

To access **www.srsbenefits.com**, enter the password: srs2026.

If you have any questions along the way, please contact Veena Sai, SRS Benefits Specialist at 908-527-7389 or email **srsbenefits@wakefern.com**.



What's new for 2027

What you need to know.

- As a reminder, we encourage you to get additional information about this year's Open Enrollment online at **www.srsbenefits.com**. It is a self-service benefits website that provides resources to help you make informed decisions about your benefits. On this website, you will also find details on your benefits, Summary of Benefits and Coverage (SBCs), important eligibility, enrollment information, and Legal Notices.
- You can now access your contributions and enrollment forms directly from the password protected website. See your Benefits Specialist for details. Enter the password: srs2026.

In 2027, there will be NO Changes for insurance carriers

- Dental Carrier - Aetna
- Life Insurance/Optional Life Insurance/Accidental Death & Dismemberment (AD&D)/Long-Term Disability (LTD) – MetLife

Take Advantage of (4) New Special Programs through Aetna

- 2nd. MD
- Transform Diabetes
- Transform Oncology
- Hello Heart



Who is eligible?

The ShopRite benefit plans described in this guide are available to fulltime, non-affiliated associates and their eligible dependents.

Your eligible dependents include:

- Your spouse to whom you are legally married. If your spouse is eligible for medical coverage through his/her employer, then he/she is not eligible for primary medical coverage through ShopRite.
- Your dependent child(ren) until the end of the month he/she turns 26. For example, if your child was born March 2, 2001, your child is eligible for medical, dental, and vision coverage until March 31, 2027.
- Eligible dependent child(ren):
  - Does not need to be a full-time student
  - Is not required to live with you
  - Does not need to be an eligible dependent on the parent's tax return
  - May be married or unmarried (your child's spouse and children are not eligible)
- Your unmarried children of any age who are permanently and totally disabled physically or mentally for whom you provide financial support. You must periodically provide medical documentation of such disability.



Individuals Eligible for Medicare

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

Individuals Not Eligible for ShopRite Medical Coverage

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

Notify your Benefits Administrator if You Lose Medicaid/CHIP Eligibility

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

Individuals Planning to Retire or Leave ShopRite

If you are planning to retire, please contact your Benefits Specialist to discuss your benefit options.

As an actively working associate and covered under the ShopRite Supermarkets, Inc. Benefit Plan, you are primary under ShopRite Supermarkets, Inc..

Note: Remember to notify/enroll for Medicare two (2) months prior to your 65th birthday of your age regardless of retiring. Medicare will enforce penalties if you are not on a delayed enrollment.

Note: As an active associate, if you or your spouse are eligible for Medicare (age 65), you continue to be eligible for ShopRite Supermarkets, Inc. benefits.

What is a Qualifying Life Event?

After the Open Enrollment, you cannot change your elections during the year unless you have a “Qualified Life Event”.

Making Changes During the Year

After the Open Enrollment period ends, you cannot change your elections during the year unless you have a “qualified life event” and you notify your Benefits Specialist within 30 days of the event. Qualified Life Events (QLE) are defined by the IRS and include:

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

Important Note

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

- If you change your medical plan election due to a qualified change life event, your deductibles and out-of-pocket maximums are also subject to change. For example, if you get married and add your spouse, you will change from Single to Family, and your deductibles and out-of-pocket maximums will increase.

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



Your benefit options

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

Medical and Prescription Drug

Various medical options are designed to help you manage your health and budget.

Well-being Programs

Resources and tools to help you get and stay healthy; 100% coverage for preventive care and free resources for living a healthy lifestyle. Special programs to help you get great care and save money too, such as Aetna Concierge Customer Service & MSK Direct.

Dental

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

Vision

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



Flexible Spending Accounts

Make tax-free contributions to pay for eligible dependent care and health care expenses such as medical, dental, vision, and prescription drug copays, deductibles, and coinsurance.

Basic Life Insurance

SRS associates are eligible for 1.5 times their annualized salary in basic life insurance.

Additional/Optional Life Insurance

Associates are eligible for up to 3 times their annualized salary in optional life insurance. They can purchase additional financial protection for their family at very competitive prices (subject to the insurer's underwriting approval or Evidence of Insurability).

Long-Term Disability

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

MetLife Optional/ Voluntary Benefit Plans

We offer innovative insurance products such as Automobile, Homeowners, and Pet Insurance. Associates can enroll at any time throughout the year for these insurance products.

MetLife Legal Plan

MetLife Legal Plan provides access to legal expertise for both expected and unexpected events such as buying or selling a home, starting a family, dealing with identity theft, caring for aging parents, and much more! Associates can enroll during the annual Open Enrollment period with benefits effective January 1.

You may register separately for the Identity Theft and Fraud Protection Plan through Aura Program. A smart, simple way for employees and their families to stay safe online. Aura Program offers smart, proactive protection to help employees and their loved ones get ahead of online threats.

Your medical plan

Your medical plan is offered through Aetna and includes discounts on well-being programs and services.

- **Well-being programs** — with 100% coverage for preventive care, free resources for tobacco cessation programs and medication, and other resources for living a healthy lifestyle.
- **Aetna discounts** on well-being programs and services — such as weight management, fitness equipment, vision, and hearing services.
- **Special programs** — to help you get great care and save money too, such as Aetna One Choice Care Management (see attached Aetna Flyer), Aetna Pharmacy Advisor, PrudentRx and Specialty Drug Program.
- **Flexibility to use in- or out-of-network providers** — with higher benefits when you use in-network providers.
- **Tools and Resources** — available through Aetna Health at **www.aetna.com** to help you estimate costs, explore savings, view claims, and access health information to make more informed



Summary of Benefits and Coverage (SBC)

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

How the plans work

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

Benefits	Aetna Choice POS II—BASIC Plan	Aetna Choice POS II
Comparison to Marketplace plans	Bronze	Silver Plus
In-network preventive care covered at 100%	Yes	Yes
Well-being resources & special programs	Yes	Yes
Provider network	Aetna Choice POS II	Aetna Choice POS II
Use of in- and out-of-network providers	Yes	Yes
Must select a Primary Care Physician (PCP)	No	No
PCP referrals needed for specialty care	No	No
In-network deductible	Yes	Yes
Out-of-pocket maximum for in-network care	$6,000 individual $12,000 family	$1,500 individual $3,000 family

How the plans work

In-network Medical

Benefits	Aetna Choice POS II—BASIC Plan	Aetna Choice POS II
Preventative Services	$0	$0
TELEDOC	$5 copay	$5 copay
Office Visits Primary Care Physician (PCP)/ Specialist	$30 PCP copay/visit (after deductible) $45 Specialist copay/visit (after deductible)	$30 PCP copay/visit $35 Specialist copay/visit
Emergency Room	$150 copay/visit (after deductible)	$150 copay/visit
Urgent Care Facility	$45 copay/visit (after deductible)	$35 copay/visit
Deductible	$2,500 individual $5,000 family	$500 individual $1,000 family
Coinsurance	35%	0%
Annual Out-of-Pocket Maximum	$6,000 individual $12,000 family	$1,500 individual $3,000 family

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

Out of Network Reimbursement — 80% Reimbursement of the Usual, Reasonable and Customary Charges

Benefits	Aetna Choice POS II—BASIC Plan	Aetna Choice POS II
Office Visits and Preventive Care	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	$150 copay/visit	$150 copay/visit
Deductible	$7,000 individual $14,000 family	$1,000 individual $2,000 family
Coinsurance	50%	30%
Annual Out-of-Pocket Maximum	$12,000 individual $24,000 family	$4,000 individual $8,000 family

Maximize your benefits

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

Use Your Primary Care Physician

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

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

Your PCP's office is the best place for:

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

Get the Facts About Your Doctor in 3 Simple Steps

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

- Visit your member website on Aetna Health through **www.aetna.com** or the Aetna Health app.
- Go to Find Care & Pricing and look up your doctor or search by the type of service.
- You can compare up to three doctors, view a breakdown of cost for a specific doctor, and read reviews for a specific doctor.

Maximize Your Preventive Benefits

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

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

Maximize your benefits

Use an Urgent Care Facility before the Emergency Room.

Did you know that you will wait longer and pay more for non-emergency care in an emergency room (ER) than in an Urgent Care Facility or Walk-In Clinic?

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



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

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

Locate an Urgent Care

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

Maximize your benefits

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

Be A Wise Consumer

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

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

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

3. Get physically fit and practice preventive care

- Take prescribed medications.
- Keep up a healthy lifestyle and complete the Health Assessment every year.
- Schedule your annual physical with an In-Network doctor (Covered at 100%).
- Take advantage of free resources to get and stay healthy.

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

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

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

7. **Use Teladoc —** Consult with a doctor online or over the phone for minor conditions. It's a convenient treatment option that saves time and stress by not having to leave home or work. **Teladoc copay is $5.**

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

9. Cut your prescription costs

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

10. Ask questions

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

Prescription Drugs

Use a ShopRite pharmacy or the ShopRite Mail Order Pharmacy in Spotswood, NJ.

When you enroll in a ShopRite medical plan, you receive prescription drug coverage. Your co-pays are based on the type of drug and where you purchase your prescription. To lower your costs, request generics, use a ShopRite pharmacy or Spotswood mail order for maintenance medications (for conditions that usually require regular use, such as for high blood pressure, heart disease, asthma, and diabetes).

PrudentRx Copay Optimization Minimizes the Impact of Specialty Medications

The PrudentRx Copay Optimization program, offered by CVS Health, is an innovative specialty copay plan design that enables payors to help reduce or eliminate member cost share for specialty medications while saving the plan money. If you currently take a specialty medication, PrudentRX will be reaching out to you directly to coordinate this benefit where you can receive a $0 copay on the specialty medication.

Prescription Drug Benefits

Type of Drug	Definition	Retail Pharmacy (NonShopRite)	ShopRite Pharmacies or Spotswood Mail Order
		For a 30 day supply	For a 90-day supply
Generic	Drug with same active ingredients as brand name, with lower cost	$5	$5
Preferred Brand	Drug marketed under a specific trademark or name by specific drug manufacturer and included on Aetna's drug list	$25	$25
Non Preferred Brand (no generic available)**	Drug marketed under a specific trademark or name by specific drug manufacturer and NOT on Aetna's drug list	$40	$40

Take control of your health with the ShopRite

- Refill prescriptions
- View your prescription profile
- Transfer a prescription
- Get drug information
- Find a ShopRite Pharmacy near you

To find the app, search "ShopRite Pharmacy

ShopRite Mail Order

380 Summerhill Rd.
Spotswood, NJ 08821

phone: 732-251-5214
fax: 732-251-5425

Well-being programs

Your medical plan includes special programs to help you get great care and save money.

An important part of your medical plan is improving long-term health and managing the cost for both our associates and ShopRite. That's why we provide programs and resources that encourage healthy actions at no additional cost to you. Through Aetna, our medical plan administrator, we offer a wide variety of programs and services, from Health Assessments to help you identify opportunities for improvement, to a robust well-being portal that includes health tools, resources, services, and information.

Aetna Pharmacy Advisory Program

If you have certain conditions (listed below), Aetna's Care Support team will contact you directly when you fill in your prescription to treat your conditions, if you are not taking your medication as directed, and if you miss one or more refills. The conditions included in this program are:

- Diabetes
- Cardiovascular Suite (Hypertension, Dyslipidemia, Coronary Artery Disease, Congestive Heart Failure)
- Respiratory Suie (Asthma, COPD)
- Depression
- Osteoporosis
- Breast cancer

Employee Assistance Program (EAP)

Everyday support for everyday life SRS is pleased to provide you with access to the Employee Assistance Program (EAP) through Aetna's Resources for Living, to help you get through those rough days. The EAP is available 24/7 to you, all members of your household, and your adult children up to the age of 26. It is 100% confidential and at no cost to you.

MSK Direct

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

Meru Health

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

PrudentRx

The PrudentRx Copay Optimization program, offered by CVS Health, is an innovative specialty copay plan design that enables payors to help reduce or eliminate member cost share for specialty medications while saving the plan money. If you currently take a specialty medication, PrudentRX will be reaching out to you directly to coordinate this benefit where you can receive a $0 copay on the specialty medication.



Well-being programs

Work life and personal life can be challenging and frustrating.

Methods of support

- Unlimited, toll-free telephone access to the EAP dedicated staff, 24 hours per day
- Telephone access to licensed behavioral health professionals
- Video consultation in the comfort of your own home
- Direct access to a full range of web-based tools and resources
- 8 face-to-face counseling sessions, with a licensed network professional, at no cost to you

Aetna Resources For Living Mobile App

With the Resources For Living mobile app, you can access information, support, and resources to help you manage the issues that impact your work, life, and wellbeing.

Available on iPhones and Androids. Search “Resources For Living” in the AppStore or Google play store.

How to access the EAP

- Call **1-888-238-6232** or access online at **www.Resourcesforliving.com** (Username: SHOPRITE, Password: SHOP)

The EAP can help with the following:

- Mental Health (stress, anxiety, depression)
- Well-being (substance abuse, smoking, weight management)
- Family Life (starting a family, breastfeeding, elder care)
- Career (professional growth, retirement)
- Education (your education, your child’s education)
- Legal & Financial (debt, buying a home, mediation services)



Well-being programs

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

Aetna Health Assessment

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

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

Accessing the Assessment

To complete the Aetna Health Assessment, simply:

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

Get Help to Quit the Habit

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



Aetna's Tobacco Cessation Program

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

- Personal support from an Aetna health coach who can help you set goals you can handle, plan quitting strategies, and stay motivated to quit for good
- Weekly coaching sessions with your health coach
- 8 weeks of nicotine replacement therapy To get started, visit **www.aetna.com** or call **1866-213-0153**.

100% Coverage for Smoking Cessation Medications

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

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

Well-being programs

Work life and personal life can be challenging and frustrating.

2nd.MD
Get a second opinion from an expert specialist with 2nd.MD.

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

Our specialists can help you:

- Confirm a new or existing diagnosis
- Explore other treatment plans and medications
- Understand if a recommended surgery is right for you



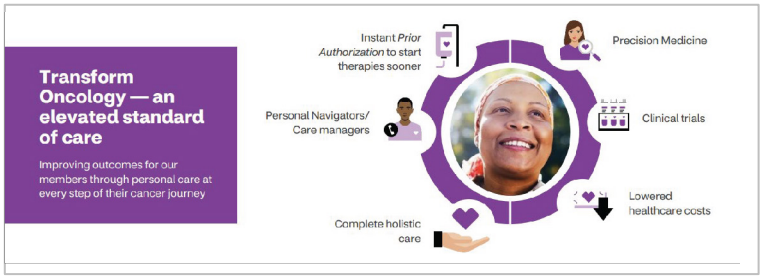
Transform Diabetes
Receive comprehensive clinical support to help improve A1C/blood sugar levels.

How it Works:

- Monitoring blood glucose and blood pressure
- Lifestyle, nutrition, and comorbidity management
- Guideline-driven screenings
- Taking the right medication
- Adherence to medication and more

Transform Oncology
Receive complete oncology care through Aetna's care management system.

- Best experience for the Associate
- Prevention through genetic counseling and testing
- Faster identification of the most effective therapy and treatment



Aetna Concierge Customer Service
Your Aetna Concierge helps you to understand your health plan and answers your questions. Your concierge can even make appointments for you.

Well-being programs

We'll continue to offer these programs that help you get excellent care and save money.

Hello Heart
Your heart works hard for you — beating over 100,000 times a day and pumping about 1.5 gallons of blood every minute! With all that heavy lifting, it's important to check in on your heart's health regularly. That's where Hello Heart comes in.

Hello Heart is a revolutionary mobile app designed to put the power of heart health management right in your hands. It's a personalized digital coaching program that helps you monitor, understand, and improve key heart health factors — like blood pressure and cholesterol — with real-time support and easy-to-use tools.

The program is completely free for eligible ShopRite Supermarkets, Inc. associates and comes with a wireless blood pressure monitor that syncs directly with the app. By using Hello Heart just a few minutes a day, you can gain better control over your heart health, reduce your risk of heart disease, and build habits that last a lifetime — all from the convenience of your smartphone. Whether you're looking to track your numbers, set goals, manage medications, or simply stay motivated to live healthier, Hello Heart

The app is fully HIPAA-compliant, ensuring your health information stays private and secure, and works seamlessly with both Android and iPhone devices.

Ready to take charge of your heart health? Get started in a few simple steps. Visit and enter **ShopRite Supermarkets, Inc.** to sign up for Hello Heart today.

Virtual Dental Care
ShopRite Supermarkets, Inc. has partnered with TeleDentists, a 24/7 virtual care dental provider that allows Aetna PPO dental members access to a dental provider day or night. Members can connect remotely with dentists through a virtual phone or video conference visit. Dental providers can facilitate routine and/or oral evaluations of their patients, answer questions, provide advice, prescribe appropriate medication and refer patients to a specialist.

Aetna Compassionate Care Program
Aetna Compassionate Care (ACCP) is part of our care management program. ACCP offers care management and services to members and their families who are managing the complex and emotional issues involved with advanced illness. The care manager assesses and develops a plan based upon identified needs and life care preferences. Care managers approach their work with cultural sensitivity as they review and coordinate services for members with multiple and complex needs.

Accessing the promise of gene therapy
Gene therapy is on the brink of something big — many more Food and Drug Administration (FDA) approvals are coming within the next few years. Gene therapy will soon treat or cure even more conditions that were once thought incurable. But these therapies can come with big price tags and confusing treatment navigation. So we're making a complex and costly process as simple, affordable and accessible as possible for you.

Connect with a licensed therapist
Talkspace is an online therapy platform that makes it easy and convenient for you to connect with a licensed behavioral therapist — from anywhere, at any time. With Talkspace, you can send unlimited text, video and audio messages to your dedicated therapist via web browser or the Talkspace mobile app. You can also schedule real-time 30-minute live sessions. No commutes, appointments or scheduling hassles.

Extra help for at-risk pregnancies
With the Aetna Enhanced Maternity Program, you can get support throughout your entire pregnancy journey. Get access to phone-based genetic counseling and screening, as well as convenient, confidential and cost-effective genetic testing; advice on lowering your risk for early labor; and how to cope with postpartum depression The program is included in your Aetna plan. So rest assured, you're getting support and resources at no extra cost to you.

Well-being programs

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

Talk to a doctor anytime and for as long as you need! Teladoc gives you 24/7/365 access to a board-certified doctor through the convenience of phone or video consults. It's a quick and affordable option for quality medical care — **with $5 copay** for general medical care; specialty care (e.g., mental and behavioral health care, therapy, dermatology, and other specialty services) is subject to a fee schedule.

When can you use Teladoc?

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

Why Teladoc?

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

Consider these questions...

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

How to access Teladoc

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

You may also call **1-800-TELADOC** to get started. Then fill out a brief medical history like you would at the doctor's office.

Common nonemergency conditions Teladoc can treat include:

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

Manageable chronic

- Arthritis
- Asthma
- Allergies
- IBS

Dental

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

The Dental Plan is administered by Aetna. You may choose any licensed dental provider, but you benefit from discounted fees when you use In-Network providers.

Highlights of the Plan

- **When you use a dentist participating** in Aetna's network, you are only responsible for the difference between the in-network fee for the service provided and the plan's payment for the approved service.
- **When you use out-of-network providers**, your cost is based on the Reasonable and Customary (R&C) cost, instead of a discounted fee. You are responsible for any amounts that exceed the R&C, in addition to the deductible and coinsurance.

For more information or to locate in-network dental providers, visit **www.aetna.com** or call **1-800-843-3661**.

Benefit	Participating/In-Network (You Pay)	Non-participating/Out-of-Network (You Pay)
Deductible (Individual/Family)[1]	$25/$75 (waived for preventive services)	
Annual Benefit Maximum	$2,000 per person	
Orthodontia Lifetime Maximum	$1,500 per person	
Type A — (cleanings, oral exams and other maintenance type procedures)	100% of PDP Fee[2]	100% of R&C Fee[3]
Type B — (fillings and other standard dental procedures)	After deductible, 85% of PDP Fee[2]	After deductible, 80% of R&C Fee[3]
Type C — (bridges, dentures and other complex procedures)	After deductible, 65% of PDP Fee[2]	After deductible, 60% of R&C Fee[3]
Type D — Orthodontia	50% of PDP Fee[2]	50% of R&C Fee[3]

[1] Applies only to type B and C services combined.

[2] PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing, and benefit maximums.

[3] R&C Fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by Aetna.

Vision

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

Importance of Eye Exams

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

The vision plan is administered by Davis Vision. With this plan, you pay less when you visit a provider that participates in the Davis Vision network. For 2027, there are no changes to your vision benefits.

Highlights of the Plan

- When you visit a Davis Vision In-Network provider, you pay a co-pay for eye exams and materials.
- When you visit an Out-Of-Network provider, you generally pay the provider directly and submit an itemized bill to Davis Vision. You will receive reimbursement up to the scheduled amount for each service covered and supply.

For more information or to locate Davis Vision providers, visit **www.davisvision.com** or call **1-800-999-5431**.

Benefit	Frequency Once Every:	In-Network Copay	In-Network Coverage
Eye Examination	January 1	$0	Covered in full. Includes dilation when professionally indicated.
Spectacle Lenses	January 1	$0	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered In full. (See below for additional lens options and coatings.)
Frame	other January 1	$0	Covered In Full Frames: Any Fashion, Designer or Premier level frame from Davis Vision's Collection11 (retail value, up to $195). OR, Frame Allowance: $125 toward any frame from provider plus 20% off any balance. No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	January 1	$0	Davis Vision Collection Contact: Covered in full Standard, Soft Contacts: Covered in full
Contact Lenses (in lieu of eyeglasses)	January 1	$0	Covered In Full Contacts: From Davis Vision's Collection, up to: Planned Replacement — One year supply* Disposable — One year supply* OR, Contact Lens Allowance: $125 allowance toward any contacts from provider's supply plus 15% off balance. No copay required. OR, Visually Required Contacts: Covered in full with prior approval. **Number of contact lens boxes may vary based on manufacturer's packaging*

Flexible Spending Accounts

A flexible spending account (FSA) allows you to save pre-tax dollars to be used towards your medical and dependent care expenses.

Another way you can save money is by participating in Health Care and/or Dependent Care Flexible Spending Accounts (FSAs). Your contributions are made with pre-tax dollars from your pay – before federal income and Social Security taxes are calculated. As a result, your taxable income is lower, so you pay less taxes in each paycheck. Then, when you have an eligible expense, you reimburse yourself with tax-free money from your account.

Eligible Expenses

- **Health Care FSA —** Use this account to pay for expenses not covered by any medical, prescription drug, dental, vision, or any other applicable and eligible plans, as well as copays, deductibles, and charges that exceed any benefit maximum limits, the plan's reimbursement level, or reasonable and customary allowance.
- **Dependent Care FSA —** Use this account to pay for day care expenses for your dependent child(ren) under the age of 13 or other eligible dependents so you and your spouse, if married, can work.

Note: The Health Care FSA offers an extra 2½ month grace period to incur expenses for reimbursement from your 2025 account. This grace period does not apply to the Dependent Care FSA. See the chart, How FSAs Work, on the next page.

Important Facts About the FSAs

In exchange for tax advantages, the IRS requires eligible expenses are incurred and submitted timely, so you will not forfeit any unused balances. The following rules apply to FSAs:

- **You must use it or lose it.** Estimate carefully. You will forfeit any balance left in your FSA(s) after all your incurred expenses are submitted and paid (according to the timeframes in the chart on the following page). You cannot roll it over to the next year.
- **You must enroll for the entire plan year.** Your election (payroll deduction amount) may not be changed during the year, unless you have a qualified status change.
- **The two Accounts are separate.** You cannot use the money in your Health Care FSA to pay for Dependent Care expenses, and vice versa.
- **You must complete an enrollment form each year.** If you participated in 2026, you still must complete an enrollment form to enroll for 2027. Your election may not be changed during the year unless you have a qualified status change.

FSA Decision Guidelines

Before participating in an FSA, ask yourself:

- How much did I spend on out-of-pocket health care and dependent care expenses last year?
- Do I expect to pay for some health care costs that are not totally covered by my benefits?
- Do I pay someone to care for my dependents while I work?
- Am I eligible for a tax credit for any health care or dependent care-related expenses? If so, will the tax credit or FSA participation be better for me?
- Does my spouse have FSAs available through an employer? If so, how do we want to coordinate our accounts?

Flexible Spending Accounts

How FSAs work

Step	Health Care FSA	Dependent Care FSA
Estimate your out-of-pocket expenses. Examples of eligible expenses* include:	• Deductibles, copays, and co-insurance for medical, prescription drug, dental, and vision care that are not paid under any health plan • Expenses that exceed plan limits • Over-the-counter medications used to treat personal injuries or sickness are NOT eligible unless for insulin or with a prescription • Expenses for domestic partners are not eligible	• Childcare centers, private providers, nursery schools, summer day camps, and after school care provided for your eligible dependent children up to age 13 • Care provided for your eligible elderly or disabled, tax-qualified dependent
How much you can contribute:	Up to $3,500 per year	Up to $7,500 per year ($3,750 if married and filing separately)
Payroll deductions are taken:	January 1, 2027—December 31, 2027	
Enroll by:	**Enroll by November 13, 2026. If you participated in 2026, you must re-enroll. Your 2026 election will not carry over.**	
Incur expenses by:	January 1, 2027 – March 15, 2028	January 1, 2027 – December 31, 2027
Submit claims by:	April 30, 2028	April 30, 2028
Receive reimbursement up to:	**Annual elected amount**	**Account balance**

***Note:** Although it's easy to participate in the FSAs, the IRS places some rules on its use. For details, such as exclusions for both the Health Care and Dependent Care FSAs, visit **www.inspirafinancial.com**

Flexible Spending Accounts

How much to contribute.

Use it, Don't Lose it!

The most challenging part of an FSA is determining how much to contribute. Be sure to estimate your expenses carefully because you will forfeit any unused funds at the end of the plan year. The Health Care FSA has the additional grace period of 2½ months to incur expenses. Keep in mind, money can't be transferred between accounts for reimbursement. You may want to contribute a bit less than you estimate in your FSA to be safe.

Questions & Online Resources

Inspira Financial (formerly Payflex) is the administrator for the FSAs. If you have any questions, contact Inspira Financial at **1-800-284-4885** or visit **www.mybenefits.inspirafinancial.com**.

Sample Savings With an FSA*				
Benefit	**Health Care FSA**		**Dependent Care FSA**	
Weekly Earnings	$400	$400	$400	$400
Account Deposit	$0	$20	$0	$75
Taxable Wages (before taxes)	$400	$380	$400	$325
Total Taxes — 28%	$112	$106.40	$112	$91
Expenses (after taxes)	$20	—	$75	—
Take Home	$268	$273.60	$213	$234
Weekly Savings	$0	$5.60	$21	
Annual Savings	$0	$291.20	$0	$1,092

*Sample savings are provided for illustrative purposes only. Actual savings may vary depending on individual circumstances, including FICA, and State taxes. Consult your tax advisor before making any financial decisions.

Inspira Mobile Application Enhancements:

The updated version of the app delivers a more intuitive mobile experience, supported by strategic enhancements and user feedback.

Key details to keep in mind:

- Users will need to update the app when prompted.
- Users will receive in-app messages and push notifications.
- This is a rolling update, with additional enhancements released in waves throughout the year and into 2027.

Long Term Disability

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

The LTD plan is administered by MetLife. During the annual Open Enrollment period, you have the opportunity to review your current participation in the long-term disability program and can make changes to your current LTD tax election. To determine if you are already contributing directly for this benefit, check your most recent paystub. If you are contributing directly, there will be a deduction listed on your paystub as "LTD". If you do not see a deduction on your paystub, you are enrolled as Company Paid (non-contributory).

All Full Time, Non-Affiliated, SRS associates are eligible for long-term disability benefits. Long-term disability benefits provide you with a portion of your salary in the event you become disabled and cannot work. If you are rendered disabled by a licensed physician, for 180 days or more, you can apply and be considered for the LTD benefit. If approved, you would be eligible to receive 60% of your monthly earnings subject to any applicable maximum per month as stated in the policy.

Tax Election Options

Associates are provided with two LTD tax options: Option 1 is on a company paid basis and Option 2 is on an employee-paid, weekly post-tax deduction basis.



Want to Make a Change?

If you would like to change the way you pay or SRS pays for your LTD, go to the benefits website and download LTD from Enrollment Forms.

If there are no changes in the way LTD is offered to you, NO FORM is necessary.

Option 1 – Company Paid

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

Option 2 – Employee Paid/Weekly Contribution

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

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

How to enroll

Consider these important steps when making your benefit decisions. And remember, your decisions don't end here. We are counting on you to be a smart consumer throughout the year as you use your benefits.

Understand your benefit options

- Review your enrollment materials and Summary of Benefits and Coverage (SBCs) on your benefits website.
- Consider your benefit needs and compare your options for 2027.
- Contact your Benefits Specialist if you have any questions.

Make your benefit decisions

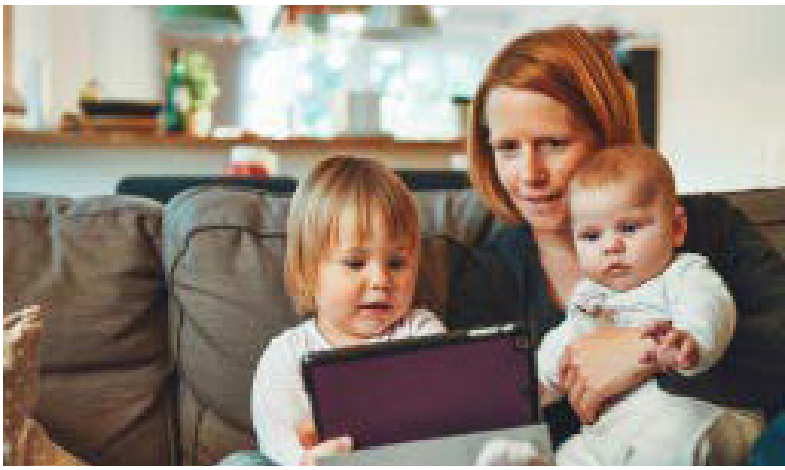
- Choose your benefits carefully.
- Decide if you want to add or delete dependents from your coverage. If you're adding a dependent, you are required to provide dependent documentation, such as a marriage certificate and/or a birth certificate.
- Review your life insurance needs and update your beneficiary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

Complete the enrollment forms by November 13, 2026, if you want to:

- Enroll in, Change, or Waive your medical, dental, and/or vision coverage.
- Enroll in 2027 Flexible Spending Account.

If you do not elect to make any changes by November 13, 2026:

- Medical, Dental and Vision coverage will continue as previously selected.
- Dependents will remain the same.
- The Flexible Spending Account(s) will end December 31, 2026.
- Long-term disability tax election will continue.
- If you are not making changes for 2027, or electing Flexible Spending Accounts, **NO ENROLLMENT FORM WILL BE REQUIRED!**



Frequently Asked Questions

What is an annual Open Enrollment period?

It's the time of year that you may add, drop or change your level of coverage for certain pre-tax benefit options without a qualifying event. This year's Open Enrollment period is **October 26 – November 13, 2026.**.

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

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

Why should I see a Network Provider?

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

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

Check the **Aetna.com** website or call the Aetna Concierge Team directly at **1-877-461-0933**.

What is an Explanation of Benefits (EOB)?

A statement provided to the member explaining how and why a claim was or wasn't paid. Always review your EOB statements for accuracy. If you have a question about an EOB, or see an error, contact the Aetna Concierge Team at **1-877-461-0933**.



When can I continue coverage under COBRA?

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

- You leave ShopRite for any reason other than "gross misconduct".
- Your work hours are reduced.
- You die.
- You become entitled to and enroll in Medicare prior to electing COBRA. (You cannot use COBRA as your primary if you are Medicare eligible age 65.)
- You divorce.
- Your dependent loses dependent status.

How can I receive additional or replacement ID cards?

Contact Aetna Concierge at **1-877-461-0933** or log into your Aetna account and online.

How do I add my dependents?

Contact your Benefits Specialist and complete a Benefits Enrollment Form and provide Dependent Verification.

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

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

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

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

Important terms

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

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

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

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

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

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

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

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

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

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

Out-of-network — service received from a provider that does NOT participate in the applicable Aetna, MetLife and/or Davis Vision networks. The medical plan pays out-of-network benefits based on 80% reimbursement of the Usual Reasonable and Customary Charges. In addition to your coinsurance, you are responsible for amounts that exceed these levels.

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

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

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

Important contacts

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

Benefit Plan	Website	Telephone
Medical and Prescription Drugs		
Aetna medical plan and prescription drugs	www.aetna.com	1-877-461-0933
MSK Direct	www.mskcc.org/gs-well-being	1-833-986-1757 or 1-646-499-2562
Aetna Health Assessment	www.aetna.com	1-800-225-3375
Healthy Lifestyle Coaching Tobacco Free Program	www.aetna.com	1-866-213-0153
Dental		
Aetna	www.aetna.com	1-800-843-3661
Vision		
Davis Vision	www.davisvision.com	1-800-999-5431
Flexible Spending Accounts		
Inspira Financial (formerly Payflex)	www.mybenefits.inspirafinancial.com	1-800-284-4885
Voluntary Benefits		
MetLife: Auto and Homeowners Insurance	www.myautohome.metlife.com	1-800-438-6388
MetLife: Pet Insurance	www.metlife.com	1-800-438-6388
MetLife: Legal Plan	www.metlife.com	1-800-821-6400
ShopRite Supermarkets Benefits Department	**Telephone**	**E-Mail**
Meghan Mehalik, Manager, Benefits & HCM	1-732-623-4083	Meghan.Mehalik@wakefern.com
Veena Sai, Benefits Specialist	1-908-527-7389	veena.sai@wakefern.com

About This Guide

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

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