2025/26 ILLINOIS EMPLOYEE BENEFITS OVERVIEW

Effective 9/1/25 through 8/31/26

YOUR EMPLOYEE BENEFITS

Providing Lettuce employees and family members with access to a variety of benefits is an important part of Lettuce's Culture of Caring. Our group medical insurance along with dental, vision, life, flexible spending accounts and other voluntary benefit plans are designed to support your health, wellness and financial security. This guide provides a comprehensive overview of your benefit choices, as well as information on eligibility, enrollment and costs. For more information, visit UKG News and Information and the benefit documents available as part of the UKG Benefit Enrollment process.

Your Lettuce Benefits Team is available at benefits@lettuce.com.

ELIGIBILITY

BlueCross BlueShield Medical Plans

Employees who are in variable hour positions will be eligible if they work an average of 25 hours per week during a 6-month measurement period. This is reflected as at least 30 hours on the Healthcare Eligibility Page in UKG which includes the +5 hours Lettuce provides. Coverage begins on the first of the month following the 6-month new-hire measurement period (which starts on the first of the month following their date of hire) and a subsequent 30-day administrative period -- in other words, on the first of the month following 7 full, calendar months of employment. Thereafter, employee average hours are measured two times per year (Jan 1 – Jun 30; Jul 1 – Dec 31) and coverage begins on September 1 and March 1, respectively, for eligible employees.

Employees must enroll in coverage via UKG within 30 days from when the notification of their eligibility to enroll is sent to their email address on file. Note, eligible employees who decline September 1 coverage at Open Enrollment are not eligible for coverage again until the following September 1 assuming they meet the average hours requirements at that time, or if they have a qualifying life event (see below).

Employes in management or non-variable positions are eligible for coverage the first of the month following 60 days of employment.

MetLife Voluntary Benefit Plans and Flexible Spending Accounts

Employees averaging 15 or more hours per week are eligible to enroll via UKG within their first 60 days of employment, and coverage begins the first of the following month.

Dependents

Employees may choose to cover dependents including their spouse, domestic partner, dependent children under the age of 26 and disabled children over 26. For the voluntary dental, vision and life plans, dependent children must be un-married.

CHANGING YOUR BENEFITS: LIFE EVENTS

Eligible employees can make changes to their benefit elections at Open Enrollment or if they experience a qualifying Life Event such as marriage, birth/adoption, divorce and spouse gain or loss of employment. You have 30 days to login to UKG, choose Update My Benefits, submit a life event election change and provide required supporting documentation.

ENROLLING FOR BENEFITS

Employees can enroll online or via the UKG mobile app:

- From the employee profile, select Benefits>Manage My Benefits

MEDICAL BENEFITS ADMINISTERED BY BLUECROSS BLUESHIELD
PRESCRIPTION BENEFITS ADMINISTERED BY OPTUM RX

Contact BlueCross BlueShield: 888-979-4516 or Bcbsil.com/member - Group # 979581 - Premium PPO, 979587- Base PPO & 979589- High Deductible
Contact Teladoc Virtual Primary Care: 800-TELADOC (835-2362) or Teladoc.com
Contact Optum: 855-524-0381 or Optumrx.com - Group # CT1LEYE19

Premium PPO Plan		
Blue Choice Options (BCO)	Participating Provider Organization (PPO)	Out-of-Network
Calendar Year Deductible		
Single: $1,000 Family: $2,000		Single: $2,000 Family: $4,000
Coinsurance		
You Pay 10%, Plan Pays 90%	You Pay 20%, Plan Pays 80%	You Pay 50%, Plan Pays 50%
Calendar Year Out-of-Pocket Maximum		
Single: $4,500 Family: $9,000		Single: $9,000 Family: $18,000
Preventive Care		
Includes annual wellness exams, recommended vaccines and screenings		
Covered at 100%		Deductible, then 50%
Doctors Office Visit Copays		
Applies to consultation only		
Primary Care: $25 Specialist: $50	Primary Care: $40 Specialist: $60	Deductible, then 50%
Virtual Primary Care through Teladoc		
In-Network Benefit Only		
Annual Physical: Covered at 100%		
Primary Care: $15 Copay		
Dermatologist: $40 Copay		
Acupuncture and Chiropractic Care		
$50 Copay	$60 Copay	Deductible, then 50%
Up to $3,000 of benefits per calendar year		
Routine Vision Exam		
Available every 12 months		
Covered at 100%		Deductible, then 20%
Urgent Care		
$75 Copay		Deductible, then 50%
Emergency Room Services		
$300 Copay, then 10% (Copay waived if admitted to hospital)		
Inpatient Hospital Services		
$250 Copay, Deductible, then 10%	$250 Copay, Deductible, then 20%	$500 Copay, Deductible, then 50%
Outpatient Hospital Services		
Deductible, then 10%	Deductible, then 20%	Deductible, then 50%
Prescription Drug Plan*		
Rx In-Network Benefits		
Retail - Up to 30 Day supply		
**Generic: $10 Copay **Preferred Brand: $40 Copay **Non-Preferred Brand: $70 Copay Specialty: $150 Copay		

Base PPO Plan		
Blue Choice Options (BCO)	Participating Provider Organization (PPO)	Out-of-Network
Calendar Year Deductible		
Single: $3,000 Family: $6,000		Single: $7,000 Family: $14,000
Coinsurance		
You Pay 20%, Plan Pays 80%	You Pay 30%, Plan Pays 70%	You Pay 50%, Plan Pays 50%
Calendar Year Out-of-Pocket Maximum		
Single: $7,000 Family: $14,000		Single: $14,000 Family: $28,000
Preventive Care		
Includes annual wellness exams, recommended vaccines and screenings		
Covered at 100%		Deductible, then 50%
Doctors Office Visit Copays		
Applies to consultation only		
Primary Care: $50 Specialist: $75	Primary Care: $60 Specialist: $85	Deductible, then 50%
Virtual Primary Care through Teladoc		
In-Network Benefit Only		
Annual Physical: Covered at 100%		
Primary Care: $40 Copay		
Dermatologist: $65 Copay		
Acupuncture and Chiropractic Care		
$75 Copay	$85 Copay	Deductible, then 50%
Up to $3,000 of benefits per calendar year		
Routine Vision Exam		
Available every 12 months		
Covered at 100%		Deductible, then 20%
Urgent Care		
$100 Copay		Deductible, then 50%
Emergency Room Services		
$500 Copay, then 20% (Copay waived if admitted to hospital)		
Inpatient Hospital Services		
$250 Copay, Deductible, then 20%	$250 Copay, Deductible, then 30%	$500 Copay, Deductible, then 50%
Outpatient Hospital Services		
Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
Prescription Drug Plan*		
Rx In-Network Benefits		
Retail - Up to 30 Day Supply		
**Generic: $20 Copay **Preferred Brand: $50 Copay **Non-Preferred Brand: $80 Copay Specialty: $350 Copay		

High Deductible / HSA Plan		
Blue Choice Options (BCO)	Participating Provider Organization (PPO)	Out-of-Network
Calendar Year Deductible		
Single: $4,000 Family: $8,000		Single: $11,000 Family: $22,000
Coinsurance		
You Pay 20%, Plan Pays 80%	You Pay 30%, Plan Pays 70%	You Pay 50%, Plan Pays 50%
Calendar Year Out-of-Pocket Maximum		
Single: $5,250 Family: $10,500		Single: $22,000 Family: $44,000
Preventive Care		
Includes annual wellness exams, recommended vaccines and screenings		
Covered at 100%		Deductible, then 50%
Doctors Office Visit Copays		
Applies to consultation only		
Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
Virtual Primary Care through Teladoc		
In-Network Benefit Only		
Annual Physical: Covered at 100%		
Primary Care & Dermatologist: Deductible, then 20%		
Acupuncture and Chiropractic Care		
Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
Up to $3,000 of benefits per calendar year		
Routine Vision Exam		
Available every 12 months		
Covered at 100%		Deductible, then 20%
Urgent Care		
Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
Emergency Room Services		
Deductible, then 20%		
Inpatient Hospital Services		
Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
Outpatient Hospital Services		
Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
Prescription Drug Plan*		
Rx In-Network Benefits		
Retail - Up to 30 Day Supply		
**Generic: Deductible, then 20% **Preferred Brand: Deductible, then 20% **Non-Preferred Brand: Deductible, then 20% Specialty: Deductible, then 20%		

**The prescription drug plan includes PriceEdge. This allows members to potentially receive prescriptions at a lower cost, if a lower out of pocket cost is available.*
***A 90-day supply of maintenance drugs are available at 2x the 30-day supply cost at in-network retail or mail-order pharmacies.*

VOLUNTARY BENEFITS ADMINISTERED BY METLIFE

Contact MetLife: 800-438-6388 or Metlife.com - Group # 218979

Dental PPO Plan

PDP Plus	Out-of-Network
Calendar Year Deductible	
Single: $75	Single: $75
Family: $150	Family: $150
Calendar Year Maximum	
$1,500 per person	$1,000 per person
Preventive	
Oral Evaluations, x-rays, sealants, fluoride treatments	
Covered at 100%	Deductible, then 30% after R&C* reimbursement
Basic	
Fillings, simple extractions, periodontics, endodontics	
Deductible, then 20%	Deductible, then 40% after R&C* reimbursement
Major	
Crowns, Bridges, and Dentures	
Deductible, then 50%	Deductible, then 50% after R&C* reimbursement
Orthodontia	
For children up to age 19	
Deductible, then 50%	Deductible, then 50% after R&C* reimbursement
Orthodontia Lifetime Maximum	
$1,200	

**R&C (Reasonable and Customary): Benefits for out-of-network providers will be paid at the 90th percentile of the average amount charged by other dentists in the same geographic area.*

Vision Plan

MetLife Vision – VSP Choice	Out-of-Network Reimbursement
Frequency	
Exams: Every 12 Months	
Lenses/Contact Lenses: Every 12 Months	
Frames: Every 24 Months	
Examination	
$10 Copay	Up To $45
Frames*	
$150 allowance, then 20% off remaining balance	Up To $70
Lenses	
Single Lenses	
$25 Copay	Up To $30
Bifocal Lenses	
$25 Copay	Up To $50
Trifocal Lenses	
$25 Copay	Up To $65
Contacts	
Fitting and Evaluation	
Up To $60	N/A
Lenses	
Conventional Contacts	
$150 Allowance	Up to $105
Disposable Contacts	
$150 Allowance	Up to $105

**Frame allowance is $150 at select locations. $70 allowance at Costco, Wal-Mart and Sam's Club; 20% off remaining balance does not apply.*

Accident Coverage

Coverage helps to pay for expenses associated with a covered accident or injury.

Covered injuries include:

Broken bones, Burns, Torn ligaments, Concussions, Eye injuries, Ruptured discs, Cuts requiring stitches, and more.

$50 Health screening benefit each year for covered members

Hospital Indemnity Coverage

Coverage provides benefits directly to you for hospital admissions and stays.

Most commonly paid benefits:

Hospital admissions and confinements due to child birth, accidents and illnesses.

$50 Health screening benefit each year for covered members

Critical Illness Coverage

Coverage pays lump-sum benefits upon the diagnosis of a covered condition.

Employee Benefit:
Choice of $5,000 increments up to $20,000

Spouse/Domestic Partner or Child Benefit:
Up to 50% of the employee's elected amount for themselves

Covered conditions include:

Invasive cancer, Heart attack, Stroke, Paralysis, Renal (kidney) failure, Major organ failure, Loss of sight, and more.

$100 Health screening benefit each year for covered members

Life and Accidental Death & Dismemberment Coverage

Employee Benefit:
Choice of $10,000 increments up to 5 times salary (to a maximum of $500,000)
Guarantee Issue (for new hires only): $250,000

Spouse or Domestic Partner Benefit:
Choice of $5,000 increments up to $50,000, not to exceed the employee's elected amount for themselves
Guarantee Issue (for new hires only): $50,000

Child Benefit:
$5,000 or $10,000 for children up to age 26

HEALTH SAVINGS ACCOUNTS & FLEXIBLE SPENDING ACCOUNTS ADMINISTERED BY HSA BANK

Health Savings Accounts (HSA)

Those who enroll in the High Deductible Health Plan (HDHP) may open a Health Savings Account to be used to pay for qualified medical expenses for you and your tax dependents. The account can be funded through both tax-free contributions from your paycheck and employer matching contributions, up to the annual IRS limits. Employees age 55 or older may contribute an additional $1,000 per year. Lettuce will match your contribution up to $500/year for single coverage or $750/year for those covering dependents. Any interest accrued on your HSA Account will also be tax-free. A $1.75 monthly maintenance fee applies for account balances below $3,000.

Dependent Care Flexible Spending Accounts (FSA)

Allows you to set aside pre-tax payroll dollars to pay for dependent care expenses, including after-school care, daycare, preschool, nannies, au pairs, summer day camps or adult daycare for qualifying dependents. These expenses must be for the purpose of letting you (or your spouse, if married) work. You can elect to contribute up to $5,000 for the current plan year (subject to IRS limitations).

Commuter Flexible Spending Accounts (FSA)

Allows you to set aside pre-tax payroll dollars to pay for transportation to and from work. You can elect up to $325/month for parking and $325/month for public transportation. Public transportation expenses include buses and trains. You can enroll in, change or stop benefits throughout the year (subject to payroll deadlines) by submitting a commuter FSA life event in UKG. If you leave Lettuce, any remaining funds in your commuter FSA for mass transit are forfeited and cannot be reimbursed following your last day of employment.

Contact HSA Bank: 800-357-6246 or Hsabank.com

See UKG News and Information for more details about how to setup and manage your accounts.

EMPLOYEE ASSISTANCE PROGRAM ADMINISTERED BY SUPPORTLINC - *Available to all employees*

The SupportLinc Employee Assistance Program (EAP) is a company-paid resource that helps you and your family members deal with life's challenges.

SupportLinc provides up to five (5) sessions of face-to-face confidential counseling sessions for a wide variety of concerns, including: anxiety, depression, relationship problems, grief and loss, substance abuse, anger management and stress. In addition, the EAP offers consultation and planning with a financial counselor, legal consultation with a local attorney, access to identity theft recovery professionals, referrals for child and elder care, home repair, housing needs, education, pet care, gym membership discounts and much more.

Contact SupportLinc: 888-881-LINC (5462) or lettuce.mysupportportal.com

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PERKSPOT - *Available to all employees*

Provides thousands of exclusive local and national discount offers for travel, entertainment, home and auto insurance, pet insurance, identity theft, gym memberships and more.

Create Your Perkspot Account: lettuce.perkspot.com

BIWEEKLY COST

Coverage*	Medical – Premium PPO	Medical – Base PPO	Medical – High Deductible	Dental	Vision	Accident	Hospital Indemnity
Employee Only	$163.50	$106.50	$73.50	$14.86	$2.85	$4.83	$4.10
Employee & Spouse/ Domestic Partner	$446.00	$337.50	$281.00	$29.71	$5.70	$8.91	$9.97
Employee & Child(ren)	$388.50	$272.50	$221.50	$27.51	$4.75	$9.70	$6.87
Family	$562.00	$400.00	$309.50	$50.62	$8.08	$11.86	$12.74

*Rates for Critical Illness and Voluntary Life are age-banded and vary based on the amount being elected. Applicable rates can be found in UKG Benefits Administration.