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Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide provides you an overview of your benefits package, but is not a comprehensive summary of each benefit plan. Please review the benefit plan documents on the benefits website www.trinidadbenefits.com for full plan details.

Eligibility

You are eligible for benefits if you work 30 or more hours per week, unless otherwise noted. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your domestic partner (DP) and/or their children, where applicable by state law
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- New Hires: You must complete the enrollment process within 31 days of your date of hire. Coverage is effective the first of the month following your date of hire. If you fail to enroll on time, you will
 - **NOT** have benefits coverage (except for company-paid benefits).
- Benefits elected are effective January 1 - December 31, 2024.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, DP or child
- You lose coverage under your spouse's or DP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event. Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

When Coverage Ends

If you terminate employment with Trinidad Benham your medical, dental, and vision coverage ends on the last day of the month in which your employment was terminated. All other benefits end on your last day of employment. Following your termination, you will be eligible to continue your medical, dental, vision and Flexible Spending Account (FSA) coverage under COBRA. Information will be sent to your home address shortly after your termination.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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To enroll in benefits or make changes due to a qualifying event, call the benefits center 888-598-2040 between 7:00am - 5:00pm Central time, Monday - Friday or by visiting **BSwift** benefits enrollment portal available through your Paylocity account.

NEW Benefits Website

www.trinidadbenefits.com

Retirement Plans

Employee Stock Ownership Plan (ESOP)

Trinidad Benham is a 100% employee-owned Company. Our ESOP is an employee retirement benefit plan that enables you to have ownership in our Company and gives all of us the opportunity to collectively benefit from the efforts we put into our jobs beyond just receiving a paycheck. Better Company performance over time translates into financial benefit for employee-owners. Employee Ownership provides both tangible financial benefits in the form of a retirement plan and intangible benefits that come from being a part of a community of people all working toward the same goals and ultimately working for each other. And all of this is provided at NO COST to you!

The ESOP is a company paid retirement benefit in which employees are allocated shares of company stock. This is a unique retirement benefit that less than 1% of U.S companies offer to their employees. Employees automatically become participants in the ESOP on January 1st following your hire date. Every year an annual discretionary contribution is allocated to your individual account. Your account is fully vested after 3 years of service. In recent years the contribution allocated to individuals accounts has been approximately 10% of eligible compensation.



Pre-Tax 401(k) Plan*

Saving for retirement takes time and careful planning. There is no better time to start saving for a quality future than today. In addition to the ESOP Plan, Trinidad Benham sponsors a 401(k) plan which is administered through Fidelity Investments. You are eligible to contribute to the 401(k) plan on the first of the month following your hire date. Through regular payroll deductions you can contribute between 1% and 60% of your base salary, up to the IRS limit on a pre-tax or Roth basis. This means you can build your retirement savings while reducing your current taxable income.

- » Employees age 50 and older may also contribute an additional "catch-up" contribution up to the IRS annual limit.
- » Company Matching Contributions: You are eligible for company matching contributions on the first day of the month following your hire date. Once eligible, Trinidad Benham will match 50% of the first 4% of compensation that you contribute to the plan. If you contribute at 4% or higher you will ensure that you receive the maximum Company match.
 - Catch-up deferrals are not eligible for the employer match.
- » Highly compensated employees will be limited to a 5% deferral.

NEW! Roth 401(k) Option:

- » Unlike the traditional pretax 401(k), the Roth 401(k) allows you to contribute after-tax dollars to your account and then withdraw tax-free dollars when you retire.*
- » Just like a traditional pretax 401(k), your contribution is based on your eligible compensation.
- you elect how much of your salary you wish to contribute, just like a traditional pretax 401(k) plan.
- **401(k) Vesting:** You will always be 100% vested in any amount you contribute. Vesting for the company match is:

Years of Service	Percentage Vested	
Less than 3 years	0% vested	
3 years or more	100% vested	

^{*} Part-time and full-time employees are eligible to participate in our 401(k) benefit.

Medical Plans

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

BlueClassic PPO Plans

Both the BlueClassic PPO Traditional Plan and BlueClassic PPO Balanced Plan give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem network. The calendar-year deductible must be met before certain services are covered.

If you choose to be seen by Out-of-Network providers, you are responsible for notifying Anthem before you receive certain services, such as (and not limited to), Inpatient Hospital Confinements, Transplants, and Outpatient dialysis.

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD), which can be found on the benefits website.

Van Madiaul Bandita	BlueClassic PPO	Traditional Plan	BlueClassic PPO Balanced Plan	
Key Medical Benefits	In-Network	Out-of-Network ¹	Out-of-Network In-Network	
Deductible (per calendar ı				
Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,500 / \$7,000	\$7,000 / \$14,000
Out-of-Pocket Maximum	(per calendar year)			
Individual / Family	\$4,000 / \$8,000	\$11,200 / \$22,400	\$6,000 / \$12,000	\$14,000 / \$28,000
Covered Services				
Office Visits (physician/specialist)	\$25 / \$50 copay	40%*	\$25 / \$50 copay	40% *
Routine Preventive Care	No charge	Not covered	No charge	Not covered
Outpatient Diagnostic (lab/X-ray)	20%*	40%*	20%*	40%*
Complex Imaging	20%*	40%*	20%*	40%*
Chiropractic (manipulative care)	\$25 copay	40%*	\$25 copay 40%*	
Ambulance	20%		20%	
Emergency Room	\$150 copay then 20% - deductible does not apply		\$150 copay then 20% - deductible does not apply	
Urgent Care Facility	\$50 copay per visit, then 20% coinsurance, deductible does not apply	40%*	\$50 copay per visit, then 20% coinsurance, deductible does not apply	40%*
Inpatient Hospital Stay	20%*	40%*2	20% * 40%*2	
Outpatient Surgery	20%*	40%*	20% * 40%*	
Prescription Drugs (Tier 1	/ Tier 2 / Tier 3 / Tier 4)			
Retail Pharmacy (30-day supply)	\$10 / \$30 / \$50 / 20% up to max of \$250	\$10 / \$30 / \$50 / 20% up to max of \$250	\$10 / \$30 / \$50 / 20% up to max of \$250	\$10 / \$30 / \$50 / 20% up to max of \$250
Mail Order (90-day supply)	\$20 / \$60 / \$100 / 20% up to max of \$500	Not covered	\$20 / \$60 / \$100 / 20% up to max of \$500	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

- 1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
- 2. \$500 Inpatient confinement deductible applies to Out-of-Network prior to the overall deductible

^{*}Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

Dental Plans

Delta Dental DPPO: These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network. **It is strongly recommended that you have your dentist pre-authorize any dental treatment over \$300.** Following is a high-level overview of the coverage available.

	PPO Plus Premier Base Plan		NEW! PPO Plus Premier Buy-Up Plan			
Key Dental Benefits PPO Dentist 1 Premier Dentist 2 Non-Participating Dentist 3		PPO Dentist ¹	Premier Dentist ²	Non-Participating Dentist ³		
Deductible (per calendar year)						
Individual / Family	\$50 / \$100			\$25 / \$75		
Benefit Maximum (per calendar year; preventive, basic, and major services combined)						
Per Individual	\$1,500		\$2,000			
Covered Services						
Preventive Services	No charge			No charge		
Basic Services	20%*		20%*			
Major Services	50%*					
Orthodontia	50% up to \$1,500 Lifetime Maximum Benefit (Children only up to age 19)		\$2,000 Lifetime Maximum Benefit (Child & Adult)			

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

- *Benefits with an asterisk (st) require that the deductible be met before the Plan begins to pay.
- PPO Dentist: Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.
 Premier Dentist: Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.
- 3. Non-Participating Dentist: Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.



Vision Plan

We are proud to offer you a vision plan.

The **Vision Service Plan (VSP)** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Vision Service Plan (VSP) network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$25	Up to \$70
Lenses (once every 12 months)		
Single Vision		Up to \$30
Bifocal	Included	Up to \$50
Trifocal		Up to \$65
Frames* (once every 24 months)	\$200 allowance then 20% off	Up to \$70
Contact Lenses* (once every 12 months; in lieu of glasses)	\$200 allowance; Up to \$60 for contact lens fitting exam	Up to \$105

*Cannot receive contact lens and frame benefit in the same year.



Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Anthem. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes. To enroll in FSA you must call the call center.

Health Care FSA

For 2024, you may contribute up to \$3,050 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Prescriptions
- Eye exams/eyeglasses

- Copayments
- Dental treatment
- Lasik eye surgery

- Deductibles
- Orthodontia

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules.

It is important to estimate your expenses carefully each year.

You can incur expenses through March 15, 2025, and must file claims by March 31, 2025.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Voluntary Benefits

Our benefit plans are here to help you and your family live well-and stay well. But did you know you can strengthen your coverage even further? It's true! Our voluntary benefits are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

Aflac Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected outof-pocket costs related to treating your injuries.

Aflac Critical Illness

Did you know the average total out-of-pocket cost related to treating a critical illness is over \$7,000? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

NEW! Aflac Hospital Indemnity

The average cost of a hospital stay is \$10,000^{1,2} - and the average length of a stay is 4.8 days. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

Whole Life through Allstate Benefits

You have the option of purchasing whole life insurance to help your family prepare for the unexpected. In the event of your death, this benefit can help replace your family's loss of income, help with mortgage costs or educational needs - or leave a legacy for the next generation.

Allstate Identity Protection

Help protect your identity and your finances. Identity theft happens when someone uses your information for their gain and your loss.

NEW! ARAG Legal Plan

This voluntary legal plan is designed to save you time and money. Legal insurance will make dealing with legal issues less expensive and a lot less stressful

- Why health insurance is important: Protection from high medical costs. HealthCare.gov
 Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.

Valuable Extras - No Cost to the Employee

We also offer the following additional benefits:

- Fertility/Adoption Assistance: Trinidad Benham will reimburse 100% of eligible expenses up to \$5,000 per calendar year. Administration is handled by Carrot. Your Carrot benefit gives you employer-sponsored funds you can use to pay for fertility treatments and family-forming services. Carrot members also have access to fertility and family-forming education, virtual chats with physicians and other specialists, an expert-authored library of educational resources, exclusive discounts and expedited appointments at clinics, and access to a dedicated Care Team to help guide your journey and provide peace of mind along the way.
- Tuition Reimbursement Program: As a valued Trinidad Benham employee, you are eligible for our tuition reimbursement program after 6 continuous months of full time employment. Each employee may be reimbursed up to \$5,250 per year. Please refer to the Tuition Reimbursement Policy for further details.
- BenefitHub: BenefitHub offers access to exclusive discounts with over 10,000 brands including deals from your favorite local businesses. There are over 20 categories to search from which allows you to earn up to 20% cash-back rewards on nearly all vendors.

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families through The Hartford.

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to three (3) face to face visits and unlimited telephonic access to clinicians
- Unlimited toll-free phone access and online resources

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

	Anthem BlueClassic PPO Traditional Plan		Anthem BlueClassic Balanced Plan		
Coverage Tier	Semi-Monthly Contribution	Weekly Contribution	Semi-Monthly Contribution	Weekly Contribution	
Employee Only	\$66.93	\$30.89	\$50.97	\$23.52	
Employee + Spouse	\$198.86	\$91.78	\$146.39	\$67.56	
Employee + Child(ren)	\$142.30	\$65.67	\$106.32	\$49.07	
Family	\$232.61	\$107.36	\$176.76	\$81.58	

Dental

	Delta Dental PPO Plus Premier Base Plan		NEW! Delta Dental PPO Plus Premier Buy-Up Plan		
Coverage Tier	Semi-Monthly Contribution	Weekly Contribution	Semi-Monthly Contribution	Weekly Contribution	
Employee Only	\$6.67	\$3.08	\$7.33	\$3.38	
Employee + 1	\$19.80	\$9.14	\$21.78	\$10.05	
Family	\$35.71	\$16.48	\$39.28	\$18.13	

Vision

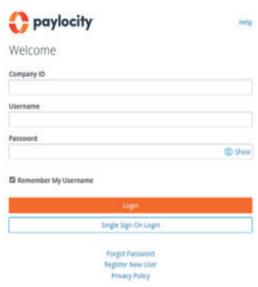
	Vision Service Plan (VSP)			
Coverage Tier	Semi-Monthly Contribution	Weekly Contribution		
Employee Only	\$4.22	\$1.95		
Employee + Spouse	\$6.75	\$3.12		
Employee + Child(ren)	\$6.90	\$3.18		
Family	\$11.11	\$5.13		





How to enroll in benefits using the Bswift enrollment portal:

- Access the Paylocity login page—https://access.paylocity.com/ (Chrome browser recommended)
- 2. Login using your Username and Password
- 3. If you haven't registered, select Register New User



- a. For new users—select, I don't have a Registration Passcode and enter your company ID:
 - ▶ 57741—Trinidad Benham
 - ▶ 80031—Honest Origins
 - ▶ 181697—Columbia Bean
- b. Follow the prompts to complete registration
- 4. Once logged in, select the 3 line icon located in the top left corner of the screen
- 5. Scroll down and select Bswift Benefits



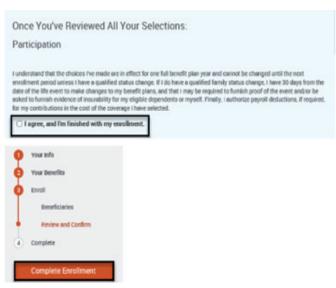
6. Hit the orange "Start Your Enrollment" button and make your



benefit selections

- 7. Review Employee Demographic Information
 - a. Select I agree at the bottom of the page
 - b. Select Continue in the right sidebar menu

- 8. Review Family Information
 - a. Select Edit to change an existing dependent's demographic information
 - b. Select Add Dependents to enter a new dependent
 - c. Select I agree at the bottom of the page
 - d. Select Continue in the right sidebar menu
- 9. Enter Benefit Elections
 - a. Where applicable select which Dependents to cover
 - b. Select Continue
 - c. Select View plan details to review any applicable plan information
 - d. Select the appropriate Plan or Waive option
- 10. Review all selections
- 11. Select Edit Selection to make changes to any elections
- Select I agree, and I'm finished with my enrollment and Complete Enrollment to submit the enrollment



 Select Email or Print to receive an email or printed Confirmation Statement outlining the benefits elected



Contact Information

Coverage	Carrier	Group #	Phone #	Website/Email	
Medical	Anthem	L06556	844-995-1743	www.anthem.com	
Dental	Delta Dental	11906	800-610-0201	www.deltadentalco.com	
Vision	Vision Service Plan (VSP)	30043513	800-877-7195	www.vsp.com	
Flexible Spending Accounts (FSAs)	Anthem Flexible Spending Account	-	844-995-1743	www.anthem.com	
401(k) & Roth 401(k)	Fidelity Investments	48438	800-835-5097	www.401k.com	
Life/AD&D	The Hartford	-	888-563-1124	www.thehartford.com	
Integrated Leave Management (FMLA) & Disability Claims	The Hartford	-	888-301-5615	www.thehartford.com	
Accident, Critical Illness, and Hospital Indemnity	Aflac Jennifer Foss, HUB International	-	720-207-2391	www.aflacgroupinsurance.com voluntaryclaims@hubinternational.com	
Whole Life	Allstate	-	800-521-3535	www.allstatebenefits.com	
Identity Theft	Allstate Identity Protection	-	855-821-2331	www.allstateidentityprotection.com	
Fertility & Adoption Assistance	Carrot	-	N/A	New Users - get-carrot.com/signup Existing Users - app.get-carrot.com	
ARAG	Legal Plans	-	800-247-4184	ARAGlegal.com Access code: 19113tb	
Employee Assistance Program (EAP)	The Hartford	-	800-964-3577	www.guidanceresources.com; Organization Web ID: HLF902; Company Code: ABILI	
BenefitHUB	Discount Marketplace	-	866-664-4621	www.trinidadbenham.benefithub.com Referral code: YVPZ49	
Call Center	Enrollment Call Center	-	888-598-2040	www.trinidadbenefits.com	

Questions?

If you have additional questions, you may also contact: 303-773-4969

benefits@trinidadbenham.com



Benefit Spot

We've gone mobile! To help you access your benefits information—even when you're away from work and need it most—we've launched a mobile benefits app. To get started, Download "Benefit Spot" on the Apple App Store or Google Play and enter company code: Trinidad







Notes









