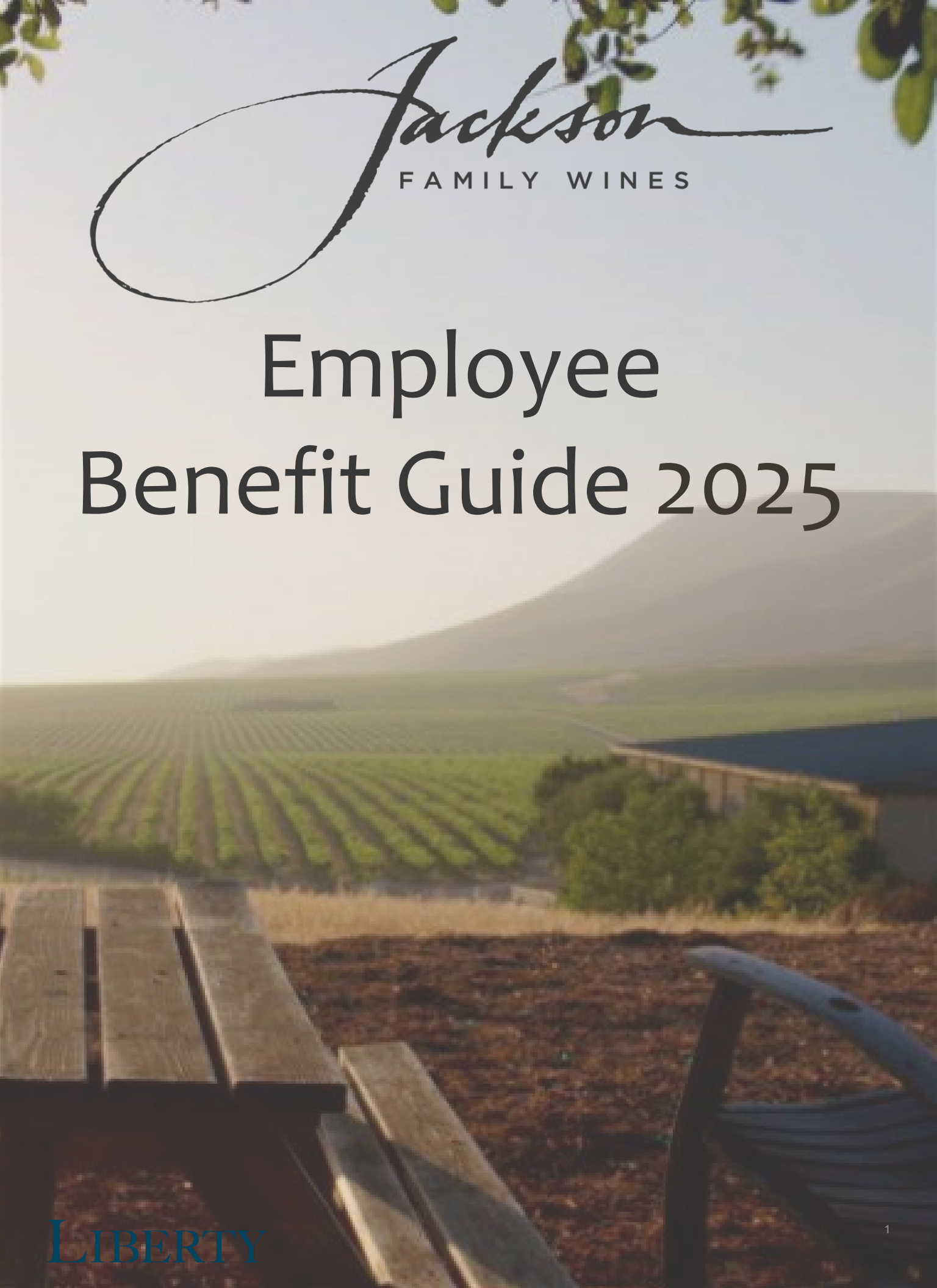
Jackson
FAMILY WINES

Employee Benefit Guide 2025



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IMPORTANT NOTICE: READ CAREFULLY

This benefits guide briefly describes your benefits choices and your options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts.

The benefits described apply to benefits-eligible employees of Jackson Enterprises, Jackson Family Wines, Inc., Regal Wine Company, LLC., Jackson Family Investments, LLC and Hartford-Jackson, LLC, KJCB, Inc. (collectively referred to as "The Company")

This guide is not intended to be a complete description of the benefits, and it is not a summary plan description or plan document. In the event of any conflict or discrepancy between this guide and the plan documents, the plan documents will govern. Information contained in this Health Benefits Guide is proprietary and confidential to Jackson Family Wines.

Jackson Family Wines reserves the right to modify or terminate any of the described benefits at any time and for any reason. This guide is not a guarantee of current or future employment or benefits. Some benefit programs require contributions from the employee. Refer to your benefits materials for additional details about any plan.

Welcome to your 2025 Benefits Guide

Benefits are a valuable addition to your overall compensation at Jackson Family Wines, Inc.* As an employee of Jackson Family Wines, you are provided a competitive package offering flexibility, financial protection and a foundation for future security. Our employees are of the utmost importance and our benefits are designed to create a healthy work-life balance that supports you and your family's needs. This benefits guide is here to help you better understand the plans offered and how to enroll in coverage. Please make sure you take full advantage of them by taking the time to understand your options and selecting the best coverage for you and your family.

This benefits guide briefly describes your benefits choices and options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts. The benefits described apply to benefits-eligible employees at Jackson Family Wines.

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*The benefits described apply to benefits-eligible employees of Jackson Enterprises, Jackson Family Wines, Inc., Regal Wine Company, LLC., Jackson Family Investments, LLC and Hartford-Jackson, LLC, KJCB, Inc. (collectively referred to as "The Company"). Benefits described in this guide are effective January 1, 2025 – December 31, 2025.

Benefits Service Center
Hours: 5am - 5pm Pacific Time

888.907.1391

jfwbenefits@libertycompany.com

www.jfwbenefits.com

Eligibility

Who is Eligible and When

You are eligible for benefits if you are actively working 30 hours per week and designated as a full-time employee.

New hires may elect benefits within 31 days of your date of hire and coverage will become effective first day of the month following date of hire.

An Open Enrollment window is provided each year so employees can review and change their coverage(s) for the following year's benefits plan. Open Enrollment is typically held in November for a January 1st effective date.

Outside of these periods, you can only make changes if you experience a qualifying life event which is described on the next page under "Making Changes Mid Year".

Eligible Dependents

- Your spouse. The term "spouse" means the individual lawfully married to you
- Your domestic partner must meet the criteria outlined below
- Your qualified children under the age of 26 who is your: biological, step, adopted or placed for legal guardianship
- Your unmarried child over the age of 26 who is disabled, living with you, dependent on you for support and unable to support himself/herself due to a mental or physical disability

Domestic Partner Eligibility Criteria

- If you are enrolling a domestic partner, you will be asked to attest to your domestic partner relationship and you have met all the eligibility requirements listed below for the previous 12 months.
    - Share a common principal place of residence and intend to do so in the future
    - Are jointly responsible for each other's basic living expenses
    - Both 18 years or older and are mentally competent to enter into a legally binding contract
    - Neither of you are married or a member of another domestic partnership
    - Not related by blood to such a degree that you would be prevented from marrying in the state in which you reside
    - Agree to notify Jackson Family Wines immediately upon your failure to satisfy any of the criteria of a domestic partnership
    - You understand it is a fraudulent act to obtain health coverage by misrepresenting any facts stated herein

Note: the value of health care coverage provided for a domestic partner, or any enrolled dependent children of your domestic partner is treated as income to you for federal tax purposes (and in most cases, state tax purposes). Jackson Family Wines will report the value of the coverage as income to you on your W-2 Form and will withhold applicable taxes. It is recommended you consult with your tax advisor for more information on how this affects you.

Enroll Online

Enrollment is Easy… and Just a Click Away 24/7!
www.jfwbenefits.com

This website is devoted to providing you with up-to-date information about your insurance benefits.

- Review your employee cost share amounts
- Access benefit summaries and Summary Plan Descriptions (SPD)

During your 31-day newly eligible period, you may elect/change your medical plan election, waive the medical benefit coverage as well as elect dental, vision, additional benefit coverages and add eligible dependents.

What happens if you don't enroll as a new hire?

As a newly eligible employee, you are automatically enrolled in the Anthem Advantage CDHP PPO/HSA medical plan for employee only coverage, effective the first day of the month following your date of hire. The biweekly employee contribution of $67.85 is deducted from the first pay period of the month in which your coverage is effective. However, you will not be automatically enrolled for dental, vision or voluntary life insurancee.

You are also automatically enrolled in the company sponsored benefits: basic life insurance and AD&D, short-term and long-term disability, employee assistance program and Modern Health which are effective the first of the month following your date of hire.

Making Changes Mid Year

After Open Enrollment, you can change your benefit elections only if you experience a qualifying life event. A few examples of qualifying events include, but not limited to, changes in:

- Marriage or divorce
- Birth, adoption, placement for adoption, named legal guardian
- Employment status (part-time to full-time)
- Gaining or losing other insurance coverage

You must report your life event to the benefit center and attest within 31 days of the event. You must be able to provide supporting documentation upon request for the change. Adding Jackson Family Wines coverage will become effective the 1st of the month following the date of event. Terminating coverage will be the end of the month following the date of event.

Following IRS guidelines, you must report your life event and request your change in coverage within 31 days of the event. If you miss this window, Open Enrollment will be your next opportunity to make a change in your benefits.

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Choosing The Best Plan For You

When choosing a medical plan, it is important to look at your budget, your preferences, your age and health, as well as the age and health of your covered dependents. You should consider the key differences between plan types and choose one that best suits you and your family.

The plans differ in the following areas:

- Cost of coverage, including payroll contributions
- Deductible, co-payments, and coinsurance
- Out-of-pocket maximum
- Convenience, covered services, access to providers, ease of use

What Is An HMO Plan?

HMO stands for Health Maintenance Organization. With an HMO plan, you must choose a Primary Care Physician (PCP) from a network of local healthcare providers who will refer you to in-network specialists or hospitals when necessary.

What Is A PPO Plan?

PPO plans, or "Preferred Provider Organization" plans, are one of the most popular types of plans. PPO plans allow you to visit whatever in-network physician or healthcare provider you wish without first requiring a referral from a primary care physician.

CDHP Plans (With Health Savings Account)

CDHP stands for Consumer Driven Health Plan. In a CDHP you must first satisfy your deductible. Once your deductible is satisfied, you will pay a percentage of the cost (your coinsurance) until your annual out-of-pocket maximum is reached. Once your annual out-of-pocket maximum is reached, the plan will pay 100% of the cost of covered services for the remainder of the calendar year. Please note you will still be responsible for costs in excess of reasonable and customary limits (applies to non network providers only).

CDHP plan has a second component, Health Savings Account (HSA). The HSA allows you to fund a personal bank account to help offset future health care expenses and provides triple-tax savings.

Anthem HSA Plan

About The Anthem Advantage CDHP PPO/HSA PLAN

A Consumer Driven Health Plan (CDHP) is a medical PPO plan. The unique part of being enrolled in a CDHP is that it allows you the opportunity to also open a Health Savings Account (HSA). This account allows you to set aside money on a pre-tax basis for eligible medical, dental and vision expenses.

The Anthem Advantage CDHP PPO/HSA plan offered by Anthem is a special type of health plan that typically does not have copays; instead, you'll pay for all medical services and prescriptions up front until you meet your deductible. After meeting the deductible, most benefits are paid on a percentage basis rather than flat dollar copays.

Preventive care is 100% covered when you use in-network providers. Many preventive prescriptions are covered at 100% not subject to deductible or copay (refer to the reference center within the enrollment system for a listing of included medications). Enrolling in the Anthem Advantage CDHP PPO/HSA allows you to pay for eligible health care expenses using your own tax-free medical savings account called an HSA.

- Tax-free contributions when you or Jackson Family Wines contributes to the account
- Tax-free interest on your HSA balance and investment gains
- Tax-free withdrawals for qualified expenses

Any unused funds rollover and all funds are yours to keep.
**State payroll taxes apply in some states, please check with your tax professional.*

Important Components Of The Anthem Advantage CDHP PPO/HSA Plan
Health Savings Account

You must enroll in the Anthem Advantage CDHP PPO/HSA plan to be eligible to open an HSA. Contributions can be made to your HSA up to the limits set by the U.S. Treasury and the Internal Revenue Service (IRS). These limits include contributions from any source and the limits may be increased for inflation annually.

Jackson Family Wines will fund the following amounts to your HSA in 2025 (prorated based on date of hire):

- $500 for employee only coverage*
- $1,000 for employee plus family coverage* (enrolled with one or more family members on the medical plan)

** Funded 50% in January 2025 and 50% in July 2025*

The 2025 maximum funding (combined employee and JFW contributions):

- $4,300 for employee only coverage
- $8,550 for employee plus family coverage (enrolled with one or more family members on the medical plan)
- $1,000 additional catch-up contribution for anyone age 55+ (catch up contributions can be made any time during the year in which the HSA participant turns 55)

Deductible

Your traditional health coverage begins after you meet the calendar year deductible ($1,650 if you enroll yourself only, or $3,300 if you enroll one or more family members). Your calendar year deductible resets every January. Remember you can use your HSA to pay for deductible and eligible expenses.

Out-of-pocket Maximum

Your calendar year deductible, non-preventive medical services and non-preventive prescription drug costs apply to the Anthem Advantage CDHP PPO/HSA calendar year out-of-pocket maximum. Once you have reached your calendar year out-of-pocket maximum, medical and prescription drug expenses are 100% covered (for covered services). Your out-of-pocket maximum resets every January.

Preventive Care

Preventive care for adults and children is 100% covered by the plan when you use PPO in-network providers (no charge to you). You do not need to meet any deductibles for preventive care visits as long as you use in-network providers. Additionally, there are certain maintenance/preventive drugs that are also 100% covered (no deductible). Please refer to the detailed list located in the reference center in the enrollment system.

Enrolling In A Health Care Flexible Spending Account (FSA)

Due to IRS regulations, if you contribute to an HSA, you may not contribute to a Health Care FSA. However, you are eligible to contribute towards a Limited Health Care FSA (LPFSA) and Dependent Care FSA. **Learn more about FSAs, and how they differ from HSAs, on page 16.**

Enrolling In Your HSA

JFW is working with Health Equity to administer our HSA bank accounts. The first time you enroll in the CDHP plan, as part of the process, you will need to actively open your HSA account with Health Equity. If you enroll in benefits online through the portal and you elect the CDHP plan, you may click to the link on the screen to open your HSA account at that time. If you do not open your HSA account at the time of enrollment, you may go to: www.healthequity.com anytime to open your account.

Making Changes To Your HSA

You may change your HSA contributions anytime through www.jfwbenefits.com by selecting "Enroll" to enter the enrollment system and log on. Select "Qualified Status Change" from the main page, then selecting "HSA Change" as the reason.

Medical Plans

The following chart summarizes the benefits for the medical plans offered to all eligible employees.

	Anthem CDHP PPO/HSA***		Anthem Value PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual/Family	$1,650 Individual $3,300 Member/$3,300 Family		$1,000 per member Max of 3 separate deductibles per family	$2,000 per member Max of 3 separate deductibles per family
Annual Out-of-Pocket Max Individual/Family	$4,000 per member $8,000 Family ($4,000 embedded)*	$10,000 per member $20,000 Family	$4,000 per member $8,000 per family	$10,000 per member $20,000 per family
Member Co-Insurance	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physician Services				
Primary Care	20% after deductible	50% after deductible	$30 per visit (deductible waived)	50% after deductible
Specialist Visits	20% after deductible	50% after deductible	$50 per visit (deductible waived)	50% after deductible
Preventive Care	No copay (deductible waived)	50% after deductible	No copay (deductible waived)	50% after deductible
Hospital Services				
Inpatient Hospitalization	20% after deductible	50% after deductible	20% after deductible	$250 deductible per admission + 50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Diagnostic X-Ray & Lab				
X-Ray/Lab	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Urgent and Emergency Care Visits				
Emergency Room	20% after deductible	20% after deductible	20% after $150 deductible (deductible waived if admitted inpatient)	20% after $150 deductible (deductible waived if admitted inpatient)
Urgent Care	20% after deductible	50% after deductible	$30 per visit (deductible waived)	50% after deductible
Prescriptions				
Prescription drugs (30-day supply)	After plan deductible: $15/$50/$70/30% (max copay $250 per fill)	After plan deductible: 50% of Rx drug max allowed amount + costs in excess of the Rx drug max allowed amount	$15/$50/$70/30% (max copay $250 per fill)	Copay + 50% of Rx drug max allowed amount + costs in excess of the Rx drug max allowed amount
Mail order (90-day supply)	After plan deductible: $30/$125/$175/30% (max copay $500 per fill)	Not Covered	$30/$125/$175/30% (max copay $500 per fill)	Not Covered

**If enrolling any dependents in the Anthem Advantage CDHP PPO/HSA, there are embedded individual out-of-pocket maximums within the family limits. A single member of a family would need to meet the embedded out-of-pocket amount rather than the full family out-of-pocket.*

***This is intended to be a guide. For a complete description, refer to the summary plan documents. If there is a discrepancy, the plan documents govern.*

****CDHP plan is eligible for JFW employer health savings account contribution: $500 individual coverage and $1,000 family coverage (prorated for mid year elections).*

Medical Plans Continued

The following chart summarizes the benefits for the medical plans offered to all eligible employees.

	Anthem Value HMO In-network only (CA only)	Kaiser HMO In-network only (CA & OR only)**
	In-Network	In-Network
Annual Deductible Individual/Family	None	None
Annual Out-of-Pocket Max Individual/Family	$3,500 per member $7,000 per family	$3,000 per member $6,000 per family
Member Coinsurance	0% after copay	0% after copay
Primary Care	$30 per visit	$30 per visit
Specialist Visits	$50 per visit	$30 per visit
Preventive Care	No charge	No charge
Inpatient Hospitalization	$750 per day, 3-day max	$500 per admission
Outpatient Surgery	$400 per admission	$250 per procedure
X-Ray/Lab	No charge $100 per test for Advanced Imaging	$10 per encounter
Emergency Room (copay waived if admitted)	$150 per visit	$150 per visit
Urgent Care	$50 copay per visit (Additional charges may apply depending on the care provided.)	$30 Per visit
Prescription drugs (30-day supply)	$15/$50/$70/30% (max copay $250 per fill)	Generic: $10 copay Brand: $30 copay Specialty: 20% (max copay $250 per fill)
Mail order (90-day supply)	$30/$125/$175/30% (max copay $500 per fill)	Generic: $20 copay Brand: $60 copay *100-day supply

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***Some benefit coverages may differ between the California and Oregon plans.*

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How to Find a Provider

Locate a provider:

- Go to www.anthem.com/ca
- Click "FIND A DOCTOR"
- Searching as a Guest click "Searching by Selecting a Plan or Network"
- Select type of care "Medical"
- Select a state "California"
- Select a plan/network listed under "Medical (Employer-Sponsored)"

Select **"Blue Cross PPO (Prudent Buyer) - Large Group"** or **"Blue Cross HMO (CACare) – Large Group"**

Non-California employees

- Select a state " Select your state"
- Select a plan/network listed under "Medical (Employer-Sponsored)"

Select **"National PPO (BlueCard PPO)"**

Locate a provider:

- Go to www.kp.org
- Click "Find doctors & locations"
- Choose an area "California-Northern", "California-Southern" or "Oregon/ Washington"

Telemedicine

LIVEHEALTH Online

At home or on the go, doctors and mental health professionals are here for you. You can meet with board certified doctors and psychiatrists using your smartphone, tablet or computer with LiveHealth Online!

- **See a board-certified doctor 24/7.** You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed. It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue. To schedule your appointment call **1-888-548-3432** seven days a week.

- **Visit a licensed therapist in four days or less.** Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call **1-888-548-3432** seven days a week.

- **Consult a board-certified psychiatrist within two weeks.** If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment call **1-888-548-3432** seven days a week.

Kaiser Permanente Minute Clinic

Anytime, anywhere, Kaiser Permanente (KP) has you covered. Best options for Non-Emergency Urgent Care away from home:

Domestic Travel (USA) within a KP service area/region
- Nearest KP urgent care

Domestic Travel (USA) in states without KP
- Nearest MinuteClinic
- Nearest urgent care facility International Travel
- Nearest hospital

International Travel
- Nearest urgent care facility
- Nearest hospital

Dental Coverage

The following chart summarizes the benefits for the dental plan offered to all eligible employees.

	Delta Dental PPO		
	Delta PPO Dentist	**Delta Premier Dentist**	**Non-Delta Dentist**
Annual Deductible	$50 per person / $150 per family		
Annual Maximum (per person)	$2,000	$1,500	$1,500
Preventive Care: Cleanings, X-rays	0% deductible waived	10% deductible waived	20% of UCR* deductible waived
Basic Services	10% after deductible	10% after deductible	20% of UCR* after deductible
Major Services	40% after deductible	50% after deductible	50% of UCR* after deductible
Orthodontic Services	50% up to $2,000 lifetime maximum per person		
Implants lifetime maximum	50% up to $2,000 lifetime maximum per person		

**Out-of-network providers will be paid at usual, customary and reasonable (UCR) limits. You will be responsible for any charges in excess of UCR.*

This is intended to be a guide. For a complete description, refer to the summary plan documents. If there is a discrepancy, the plan documents govern.

Vision Coverage

The Vision Care Plan is designed to encourage you to maintain your vision through regular exams and to help with expenses for prescription glasses and contact lenses. The vision care plan is administered by VSP. With this plan, you may use in- or out-of-network providers, but the level of benefit is higher when you receive care from a network provider. A listing of network providers can be found at www.vsp.com or by calling VSP directly at 800.877.7195.

For more information, including plan limitations, exclusions and discounted services; please refer to the Vision Care summary plan description by visiting www.jfwbenefits.com

Your provider will verify eligibility of vision benefits. Visit www.vsp.com for details.

	Vision Plan	
	In-Network	**Out-of-Network**
Copay		
Exam	$25 copay	Up to $45* reimbursement
Lenses	No charge after $25 materials copay	Up to $30-$100* reimbursement
Contacts	Up to $60 copay for fitting and evaluation	
Lenses		
Single Vision	Covered in full	Up to $30*
Bifocal	Covered in full	Up to $50*
Trifocal	Covered in full	Up to $65*
Contact Lenses (in lieu of lenses and frames)		
Elective	$180 Allowance	Up to $105* reimbursement
Frames		
Frames	$200 allowance	Up to $70* reimbursement
Benefit Frequency		
Eye Exam	Every 12 Months**	
Lenses	Every 12 Months**	
Frames	Every 24 Months**	
Extra Savings and Discounts		
Glasses and Sunglasses	20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last Well Vision Exam	
Laser Vision Correction	Average 15% off the regular price of 5% off the promotional price; discounts only available from contracted facilities.	

**This is intended to be a guide. For a complete description, refer to the summary plan documents. If there is a discrepancy, the plan documents govern.*

***Benefit Frequency is based on last date of service.*

Employee Contributions

When you elect medical, dental and/or vision coverage through Jackson Family Wines, your contributions noted below are deducted from your pay before income and Social Security taxes are withheld. This means that you will not have to pay federal income tax, Social Security tax or Medicare tax on the amount of your premium payments that are paid each pay period. You may wish to consult your legal and/or tax advisor regarding the actual tax savings you may realize.

Domestic partner elections may be subject to imputed income tax, per IRS regulations.

Bi-weekly Employee Contribution

Coverage	Anthem Advantage CDHP PPO/HSA	Anthem Value PPO	Anthem HMO	Kaiser HMO	Delta Dental PPO	VSP Vision
Employee Only	$67.85	$124.62	$112.62	$128.31	$10.24	$1.22
Employee + Spouse/Domestic Partner	$149.08	$274.15	$247.85	$282.46	$18.32	$1.71
Employee + Children	$121.85	$224.31	$202.62	$231.23	$17.91	$1.94
Family	$210.00	$386.77	$348.92	$398.31	$27.64	$3.10

Flexible Spending Accounts

Flexible Spending Accounts (FSAs)

Jackson Family Wines' FSA plans are administered by Wex. Employees can make an annual election which will be payroll deducted in equal, pre-tax increments over the course of the plan year, January 1st through December 31st. Please be careful not to over-estimate your costs when electing your annual contribution. These benefits require re-enrollment into the plan each year.

For employees enrolled in the Anthem Advantage PPO/HSA medical plan: You may only enroll in the Limited Health Care FSA. Only non-medical expenses (such as dental and vision) are eligible under a Limited Health Care FSA.

Refer to page 7 to learn more about Health Savings Account (HSA). Enrollment in the Anthem Advantage PPO/HSA medical plan does not impact your eligibility to enroll in the Dependent Care FSA.

Eligible Expenses* and Guidelines

Healthcare Flexible Spending Account	Dependent Care Flexible Spending Account
$3,300 annual maximum (verify annual maximum as it can increase based on IRS rules annually)	$5,000 annual maximum ($2,500 if married and filing separately)
Medical plan office visit copays, deductibles and Coinsurance	Used for dependent day care expenses while you and your spouse work, look for work or attend school full- time
Certain over the counter (OTC) items prescribed by your provider (prescription required)	Dependents include children under age 13 or dependents that are physically or mentally unable to care for themselves
Dental plan copays, deductibles and coinsurance	Can only be reimbursed up to what you have had payroll deducted (pay as you go)
Orthodontia expenses	Expenses must be incurred by March 15 of the following year and submitted for reimbursement by April 30 of the following year
Vision care expenses including contacts, glasses and LASIK surgery	
Expenses can be for you or anyone you claim as a dependent on your Federal tax return**	
Your entire election is available immediately regardless of actual payroll deduction amounts	
Roll over up to $660 for the following calendar year (this may increase each year due to IRS rulings)	
Expenses must be incurred by December 31 and submitted for reimbursement by March 31 of the following year	

FSA vs. HSA COMPARISON

REMINDER: YOU MUST RE-ENROLL IN FSA FOR 2025. YOUR PRIOR YEAR ELECTION DOES NOT ROLL OVER.

Flexible Spending Accounts are similar to HSAs in that you can use pre-tax dollars to pay for eligible medical, dental and vision expenses. Because an FSA can be used to pay for very similar expenses as an HSA, the IRS will not allow employees to have both types of accounts during the same plan year. This means that if you participate in a FSA plan, that is not considered a limited purpose FSA plan, you may not open and contribute funds to an HSA during the same plan year. However, this does NOT impact your ability to enroll in the Dependent Care portion of an FSA (just the Health Care).

	Flexible Spending Account (FSA)	Health Savings Account (HSA)
Eligibility requirements	No eligibility requirements	Must enroll in a consumer-driven health plan (CDHP)
2025 Contribution limits	$3,300 per employee	$4,300 for individual/ $8,550 for family
Catch-up contributions	None	You may contribute an additional $1,000 per year if you are over age 55
Who owns the account?	Employer	Employee
Changes to contributions	Only for qualifying events, such as marriage, birth of child, or during open enrollment	On a monthly (per paycheck) basis
Debit card available?	Yes	Yes
Balance carry over (or rollover)	Plan has a 90-day runout period to submit claims incurred during the plan year	Yes. Unused funds carry over from year to year
Portability or forfeiture	Not portable. When employment is terminated, any funds unspent are forfeited. Exception: if you're eligible for FSA continuation through COBRA	Yes. HSA balance is not forfeited when you change employers or health plans
Access of funds	Money can be accessed before it is paid into the account	Only funds paid into account can be accessed
Proof of expense required?	Yes	No; however, IRS may request you to substantiate any expense that has been incurred, the amount of expense, and its eligibility
Non-medical expenses	FSA funds cannot be used for non-medical expenses	HSA funds may be used for non-healthcare distributions but are included in gross income and subject to a 20% penalty if you are under age 65
Is interest earned on the account?	No	Yes; amount varies by HSA bank
Effect on taxes (varies by state)	Contributions are pretax and distributions are untaxed	Tax-free contributions when you contribute to the account, tax-free interest on your HSA balance and investment gains, and tax-free withdrawals for qualified medical expenses

How To Use Your Wex FSA Debit Card

- You have a doctor office visit. Your office visit copay is $20. Instead of paying the doctor in cash or a check, you use your FSA debit card (used like a credit card) to pay your office visit co-payment.
- The doctor gives you a prescription to have filled. You go to the network pharmacy and are charged $25 for your prescription co-pay. You use the FSA debit card to pay for your $25 prescription co-pay.
- You are hospitalized. After the insurance company has paid your share of the bill, there remains $1,200 in expenses you are responsible for (comprised of your deductible and co-insurance amounts). You pay the bill using your FSA debit card.
- You go to the dentist to have a cavity filled. You use your FSA debit card to make your coinsurance payment of 10%.

Note: You can also choose to not use the debit card and pay your medical expenses out-of-pocket and then submit a claim for reimbursement

Commuter Benefits

The Commuter Benefits are administered by WEX and is a pre-tax option available for eligible transit and parking costs. The Commuter Benefits allow employees to set aside pre-tax dollars each month to pay for qualified, work-related transit and parking expenses.

Mass Transit Account: If you ride public transportation to and from work such as the bus, rail, or qualified van pool, you may set aside up to $325 per month on a pre-tax basis to help you pay for tokens, fare cards, passes or other qualified transportation expenses.

Parking Account: If you pay to park your car at work or pay to park your car at a commuter terminal you may set aside up to $325 per month on a pre-tax basis to pay for qualified parking expenses.

Basic Life /AD&D Coverage

Life insurance provides financial protection for your loved ones in case of your death. Accidental Death & Dismemberment (AD&D) coverage offers added protection if an accident causes loss of life, limbs, and/or senses.

Jackson Family Wines provides all eligible employees with a basic life and accidental death and dismemberment (AD&D) benefit, free of cost to you!

Salary less than $175,000	Salary of $175,000 or more
$50,000 (flat amount)	1x annual compensation (maximum $600,000)

Benefits reduces by:

- 65% at age 70
- 50% at age 75

Beneficiary – Important Information

You must name a beneficiary for your life and AD&D benefits. Beneficiary changes can be done at any time during the plan year.

Income Protection

Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) coverage can help you prepare for the unexpected. The chart below provides a summary of the coverage.

Employee Voluntary Life and AD&D Coverage	• May purchase additional coverage in increments of $25,000
	• Maximum coverage $1,050,000*
	• Request to add coverage subject to completion and approval of evidence of insurability form if election is not made when first eligible for coverage
	• Term life insurance policy
	• At ages 70 and 75, there are life insurance amount reductions
	• For AD&D benefit, the amount matches your voluntary life coverage election
	  • Provides coverage in case of an accidental death or dismemberment
	  • Benefits are payable in the event of loss of life, limb, sight, and speech or hearing

Spouse Voluntary Life and AD&D Coverage**	• Available when the employee enrolls in the Voluntary Life and AD&D Coverage
	• There are two coverage options for spouse/domestic partner coverage:
	  1. Flat $13,000 benefit amount
	  2. Units of $25,000 increments with a maximum of $525,000 (not to exceed 50% of the employee's elected amount)
	• Request to add coverage subject to completion and approval of evidence of insurability form if election not made when first eligible for coverage
	• Term life insurance policy
	• At ages 65 and 70, there are life insurance amount reductions
	• For AD&D benefit, the amount matches your optional life coverage election
	• Provides coverage in case of an accidental death or dismemberment
	  • Benefits are payable in the event of loss of life, limb, sight, and speech or hearing

Child Voluntary Life and AD&D Coverage	• Available when the employee enrolls in the Voluntary Life and AD&D Coverage
	• Coverage amount of $5,000 available per eligible child
	• Term life insurance policy
	• Eligible until the child's 26th birthday
	• For AD&D benefit, the amount matches your optional life coverage election
	  • Provides coverage in case of an accidental death or dismemberment
	  • Benefits are payable in the event of loss of life, limb, sight, and speech or hearing

Guaranteed Issue***	• Voluntary Employee: $750,000 • Voluntary Spouse/Domestic Partner: $25,000 • Voluntary Child(-ren): $5,000

**The combined maximum of your basic and voluntary coverage is $1,200,000.*

***The cost of coverage is based on your spouse's age.*

****New hires and newly eligible employees may elect coverage up to Guarantee Issue without approval from the insurance company. If you apply for an amount of coverage for yourself or your spouse greater than the guaranteed coverage amount, coverage in excess of the guaranteed coverage amount will not be issued until the insurance company approves acceptable evidence of good health. Increases in coverage amounts take place the first day a person is active after the new coverage amount becomes effective.*

Designate Your Beneficiary

When you enroll online for benefits, look for the prompts to designate a beneficiary for your Jackson Family Wines provided life insurance coverage and/or your voluntary life insurance plans. If a beneficiary is not designated, benefits will be paid according to the carrier policy. It is not necessary to add a beneficiary for your spousal life or child life insurance coverage since you are automatically the beneficiary for any spouse or dependent coverage you elect.

Evidence of Insurability

You may be asked to provide Evidence of Insurability (EOI) or proof of good health, if:

- You do not enroll for coverage when first available and choose to enroll later.
- You want to increase your coverage after your initial enrollment.

Disability

All benefit-eligible employees with three or more months of service are covered by the Short-Term Disability plan. This plan provides salary replacement should you be unable to work due to injury or illness, including pregnancy disability. Benefits received under this plan will be offset by benefits you receive, or are entitled to receive, under any state or federal compulsory benefit act or law, such as state disability, workers' compensation and Social Security. Depending on your length of service, you may qualify to receive greater than 60% of your base weekly salary.

Jackson Family Wines provides all benefit-eligible employees with company-paid Long-Term Disability insurance through New York Life. If you are disabled for more than 90 days, you may be eligible to receive disability benefits under our Long-Term Disability (LTD) plan. You will continue to receive payments under the LTD plan as long as you are deemed "disabled" until you reach the latter of age 65 or Social Security Normal Retirement Age.

Plan	Benefit Amount and Timeline
Short-term Disability (STD)	Regular Full Time with more than 1 year of service • 100% salary continuation* for up to 4 weeks • 60% salary continuation* up to 8 additional weeks Regular Full Time with less than 1 year of service • 60% Salary Continuation* for up to 12 weeks **All payments are offset by State Disability/Workers Compensation*
Long-term Disability (LTD)	• Provides coverage after a 90-day elimination period. • Contact New York Life to file your LTD claim at 800-362-4462 • Replaces 662/3% of your monthly salary ($15,000 monthly maximum) • Pre-existing conditions apply **All payments are offset by State Disability/Workers Compensation*

NOTE: If you become disabled during the first 12 months of coverage due to a pre-existing condition, the disability plans may not pay benefits. Your effective date of coverage is the first day of the month following 30 days of employment or the first day of the month following 30 days of transferring into a benefit eligible classification. For more detailed information, please see the summary plan descriptions available at: www.jfwbenefits.com

Paid Family Leave

The Company will provide 100% salary continuation for up to eight weeks for full-time benefit eligible employees with more than a year of service and up to 2 weeks for full time benefit eligible employees with less than a year of service who take family leave to bond with and care for a newborn (within 12 months of birth), care for a child following child's adoption or foster care placement (within months of adoption or placement), or care for a seriously ill parent, child, spouse or registered domestic partner. In order to be eligible, employees in states that offer Paid Family Leave are required to apply for and receive the benefits available through the state.

This benefit will allow for employees with more than 1 year of service to take eight weeks off for baby bonding or family leave with full pay. These benefits will run concurrently with any unpaid leave protection under the California Family Rights Act and/or the Family Medical Leave Act.

Pet Benefits

At Jackson Family Wines, our pets are also an important part of our families, which is why we have partnered with Pet Benefit Solutions and added their **Total Pet Plan** to our benefits package.

The Total Pet Plan provides everything pets need for one low price! The plan includes everyday savings on veterinary care and pet products, and access to other pet care services and discounts.

Plan Details:

- Discounts on products and Rx
- Discounts on veterinary care
- 24/7 pet telehealth
- Lost pet recovery service
- Additional discounts at pet retailers and service providers

Coverage Details:

- Absolutely no exclusions for pre-existing health conditions or age
- No deductibles, waiting periods, or claims forms
- Covers all types of pets, from cats and dogs to exotics
- No annual or lifetime maximums

One Pet	Family Plan (2+ Pets)
$11.75/month	$18.50/month

PETplus Pet Assure AskVet The Pet Tag

401(k) Plan — Vanguard

Regular full-time employees are eligible to participate on the first of the month following their hire date. All other employees are eligible to participate upon completion of 1,000 hours in a consecutive 12-month period or two consecutive years with 500+ hours of service and are 18 years of age or older. The plan allows employee contributions up to 50% of pay on a pre-tax basis, limited to $23,000 per calendar year (or $30,500 if you are age 50 or older).
You may rollover money from a prior employer's tax-qualified plan into the Jackson Family Enterprises 401(k) Plan.

Automatic Enrollment: Three percent (3%) of your pre-tax pay is automatically contributed to the plan 30 days following your date of eligibility, unless you elect not to contribute. The 3% contribution is automatically invested in a Target Date Fund selected using your estimated retirement year based on your date of birth. If you would like to change or waive the automatic deduction or make elections regarding how you would like your contributions invested, you can contact Vanguard at 1-800-523-1188 or visit www.vanguard.com/retirementplans.

Automatic Savings Increase: To make things even easier, the plan offers automatic savings increases to help you set aside more money. Your savings rate will increase 1% every January until you reach 6%. (For employees hired during the last three months of the year, the increase will take effect in the following January.) You can opt out of the automatic savings increase by contacting Vanguard at 1-800-523-1188 or visiting www.vanguard.com/retirementplans.

Company Match: Biweekly, the company may make a discretionary match of up to 100% of the first 3% and 50% of the next 2% of compensation you defer into the plan during the pay period, up to a maximum of $5,200 per calendar year. You will be eligible for the company match if you are an employee on the last day of the pay period and have worked a minimum of 38 hours in the pay period. You are 100% vested in the company match and your deferrals immediately. This match is discretionary.

Enrollment Concierge — McNally Insurance Services

Jackson Family Wines has partnered with McNally Insurance Services to assist you with your Health, Dental and Vision Insurance questions when you are coming off a group plan through your work. Here are some common scenarios when you may consider contacting McNally Insurance Services:

- Your dependent children have aged out of your group medical plan
- You turned 65 and are eligible for Medicare and still planning to work
- You're retiring or leaving your employment for other reasons

These have a great impact on our personal and family needs. McNally Insurance Services is available to Jackson Family Wines' employees free of charge to ensure that you are making the best possible choices for your needs.

For assistance, contact:

- McNally Insurance Services: Toll Free (877) 490-2500
- Maureen McNally: ext. 11, or maureen@mcnallyinsurance.com

YOURWINESTORE

WELCOME TO JACKSON FAMILY WINES

FROM OUR VINEYARDS TO YOUR DOORSTEP

YourWineStore is the place to find the most comprehensive collection of Jackson Family Wines at employee prices. **Shop wines from our 30+ brands, most at 50% off retail.** Also, included: Employee Exclusives, Last Call and Featured Winery selections throughout the year.

Orders may be placed at yourwinestore.com for will-call pick-up or shipping.

Will- call delivery is free and available at seven locations in California and McMinnville, Oregon. **Orders submitted by Monday, 9am PT will be delivered to the will-call location and available by Friday of each week**.

Visit JFWNOW for more details on will-call delivery, shipping, and frequently asked questions.

TO GET STARTED

Create a YourWineStore account using your company email address at yourwinestore.com, and email info@yourwinestore.com once completed. Upon confirmation of your hire by Human Resources, the YourWineStore team will mark you as an employee for your discount.

Reminder: Employees must log-in at yourwinestore.com to view employee prices.

YourWineStore

info@yourwinestore.com 707-535-8477

Modern Health

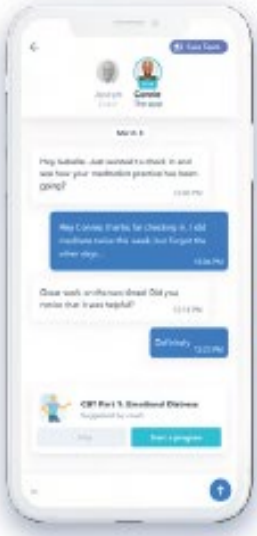
Your home for mental wellness is here.

Welcome to Modern Health, your resource for mental wellness benefits so you can be the best version of yourself, at home and at work.

One-on-one coaching & therapy

Live group sessions

Meditations & programs



Unlimited texting

Modern Health provides support for all aspects of life:

- Emotional Health
- Professional Health
- Social Health
- Physical Health
- Financial Health

Take the first step toward prioritizing you:
Scan this QR code or visit Modern Health to get started.
Questions? Email us at help@modernhealth.com.

MODERN HEALTH

Work-Life Services

Available through Modern Health's EAP partner Workplace Options (WPO)

In addition to Modern Health's core one-on-one coaching, therapy, group Circles, and self-paced Courses and programs, you have complimentary access to Work-Life specialists who can help with customized research and referrals for your needs across the below areas.

Child & Elder Care

- Nanny/after-school care
- Child care centers
- Senior housing & transportation

Education & Adoption

- Tutoring & financial aid guidance
- Information on schools
- Adoption agency information

Financial Support*

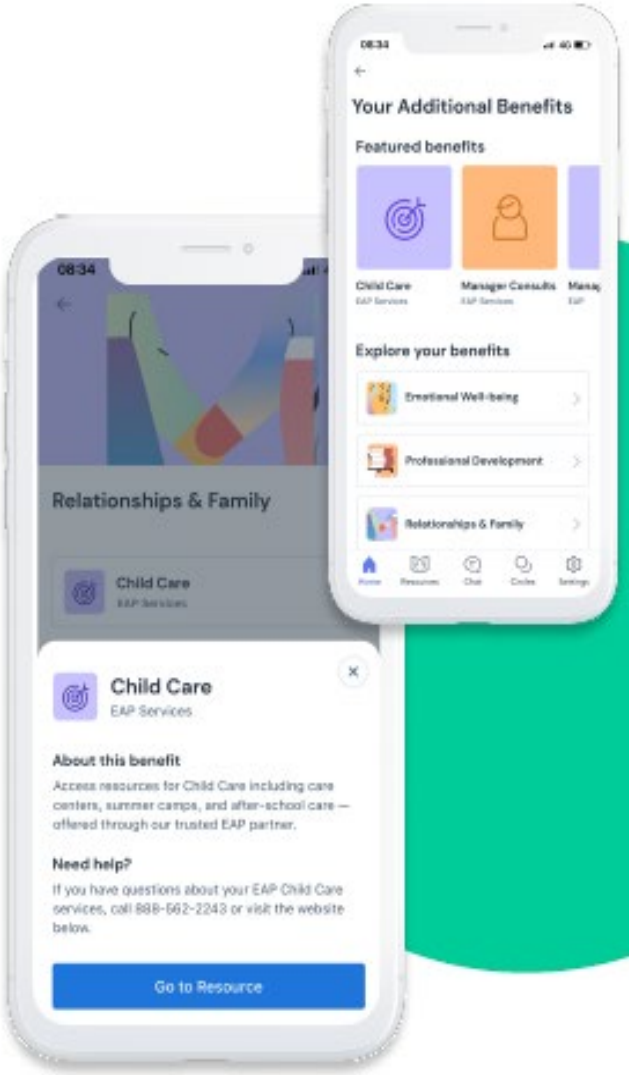
- Unlimited 30 minute financial support sessions

Legal Support*

- 1 complimentary 30 minute session per year and incident
- Identity theft support

Convenience Services*

- Pet sitting
- Travel services
- Consumer purchases



*Available in select countries

Modern Health is your mental wellness benefit.

Access to personalized 1:1, group, and self-serve resources for your wellbeing, so that you can be the best version of yourself — at home, at work, and in your relationships.

Scan this QR to get started. Or visit Modern Health.

Active&Fit DIRECT™

KAISER PERMANENTE®

Anthem

Break a Sweat Without Breaking the Bank™

Thousands of Fitness Options

- Choose from **12,700+ standard gyms** for just **$28/mo.**[1]
- Plus, **8,700+ premium exercise studios with 20% - 70% discounts** at most locations.[1]

Flexible & Affordable

- **No long-term contracts.** Switch gyms and cancel with ease.
- Join multiple gyms and get a **$5 monthly discount** on each additional membership.[2]

Go Beyond the Gym

- **1:1 well-being coaching** to help you reach your health goals, at no additional cost.
- Get Fit at Home™ for free with **12,000+ on-demand workout videos** before you enroll.

STANDARD FITNESS MEMBERSHIP
$28/mo.
12,700+ FITNESS CENTERS
Active&Fit DIRECT™ ™

Standard Fitness Network
24 Hour Fitness · Gold's Gym · EōS Fitness · the Y · Crunch · blink fitness · Anytime Fitness · + More

Premium Fitness Network
STRETCH LAB · FIT4MOM · CLUB PILATES · F45 · ROW HOUSE · pure barre · + More

$0 Enrollment Fee for All Gyms With Code: SUMMERTIME[3]

Get Started: Log in to the member website and select Discounts. www.Anthem.com/ca

[1] Monthly fees are subject to applicable enrollment fees and taxes. Costs for premium exercise studios exceed $28/mo. plus applicable enrollment fees and taxes. Fees vary based on premium fitness studios selected.

[2] Members may purchase multiple standard and premium gym memberships with a $5 discount off the monthly fee for each membership purchased after their first.

[3] $28 enrollment fee waived for standard and premium gyms 7/1/2024 12:01 a.m. - 9/30/2024 11:59 p.m. PT.

CHEERS TO YOU! / SALUD

Our Rewards & Recognition Program

Cheers to You!/Salud

It is important to **give your colleagues kudos and recognize their hard work** with a personal shout-out. By taking a few minutes to recognize people on the '**Cheers to You!/Salud**' online platform, we can celebrate the effort and the wins, and show how much we value one another. **Recognize your team!** The people you work with and rely on to make it happen. Or your cross-functional partner who helped you finish a project. Or that person who made a real difference in your day.

More Info:

Recognize your colleagues with reward points that can be used to purchase merchandise such as:

JFW Merch
Gift cards
Experiences
Charitable donations & more!

Earn additional points for completing certain tasks such as:

Learning Courses
Festive Activities
Company-related participation

Build community – get involved and show support for colleagues!

How to Access:

Go to JFWnow > My Favorites > CTY/Salud

App:
Available in the Apple App Store or Android Google Play and look for WorkTango. **Please use company code** jfw.

Link: https://jfw.kazoohr.com/dashboard

Scan the QR code below (use the camera on your smartphone/or device to the access website.

Contact Information

Carrier/Company	Phone	Website	Group #
Medical			
Anthem Advantage CDHP/HSA	866-207-9878	www.anthem.com/ca	L00834
Anthem Value PPO	800-888-8288	www.anthem.com/ca	L00834
Anthem HMO	833-913-2236	www.anthem.com/ca	L00834
Kaiser HMO (NorCal/SoCal)	800-464-4000	www.kp.org	38765/229286
Kaiser HMO (OR)	800-813-2000	www.kp.org	19769
Dental			
Delta Dental	800-765-6003	www.deltadentalins.com	01633
Vision			
Vision Service Plan (VSP)	800-877-7195	www.vsp.com	12146160
Income Protection			
New York Life (Basic Life and AD&D)	800-362-4462	www.newyorklife.com	FLX-964763/ OK-966373
New York Life (Disability)	800-362-4462	www.newyorklife.com	LK-963332
New York Life (Voluntary Life)	800-362-4462	www.newyorklife.com	FLX-964763
Mental Health Support			
Modern Health		www.modernhealth.com	
Employee Assistance Program (EAP)			
Modern Health Workplace Options	833-322-1931		Company Key: **JFW**
Business Travel Accident (BTA)			
The Hartford	800-243-6108	www.thehartford.com	ETB-112402
401(k) Group Retirement Account			
Vanguard 401(k)	800-523-1188	www.vanguard.com/retirementplans	095683
Flexible Spending Account (FSA) & Commuter Benefits			
Wex	866-451-3399	www.Wexinc.com	16125
Health Savings Account (HSA)			
HealthEquity	866-735-8195	www.HealthEquity.com	N/A
Pet Benefits			
Pet Benefit Solutions	800-891-2565	www.petbenefits.com	
Jackson Family Wines Internal Contact			
Kristy Van Lare	707-525-6213	Kristy.vanlare@jfwmail.com	Human Resources

Employee Benefits Center
Hours: 5am - 5pm Pacific Time
Phone: 888.907.1391
Email: jfwbenefits@libertycompany.com
www.jfwbenefits.com

2025 Legal Notices

DISCLAIMER: PLEASE READ

The following legal notices have been provided for you within this document:

Domestic Partner Coverage (see page 4)

Anthem Plan Arbitration Agreement

Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Insurance Company Arbitration Agreement

HIPAA Notice of Availability of Privacy Practices

Women's Health & Cancer Rights Act of 1998

Medicare Part D Creditable Coverage Notice

Children's Health Insurance Program (CHIP)

Health Insurance Marketplace Coverage Notice

Notices not provided within this guide are available for you online at your Employee Benefits Service Center website at www.jfwbenefits.com Those available for viewing online, include:

Summary of Benefits & Coverage (SBC)

HIPAA Notice of Special Enrollment Rules

ANTHEM PLAN ARBITRATION AGREEMENT

IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

It is understood that any dispute including disputes relating to the delivery of services under the plan/policy or any other issues related to the plan/policy, including any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as permitted and as provided by federal and California law, including but not limited to, the Patient Protection and Affordable Care Act, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL AND PARTICIPATION IN A CLASS ACTION FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY.

KAISER FOUNDATION HEALTH PLAN, INC., AND KAISER PERMANENTE INSURANCE COMPANY ARBITRATION AGREEMENT

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure, and, if I am enrolled in coverage that is subject to the ERISA claims procedure regulation (29 CFR 2560.503-1), certain benefit-related disputes*) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), Kaiser Permanente Insurance Company (KPIC), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP or coverage by KPIC, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage and in the Certificate of Insurance.

Disputes arising from any of the following KPIC products are not subject to binding arbitration: 1) Tiers 2 & 3 of the Point of Service (POS) Plans; 2) the Preferred Provider Organization (PPO) and Out of Area Indemnity (OOA) Plans; and 3) the KPIC Dental plans.

HIPAA NOTICE OF AVAILABILITY OF NOTICE OF PRIVACY PRACTICES

This Plan is required by law to provide notice of the Plan's duties and privacy practices with respect to covered individuals' protected health information by providing a Notice of Privacy Practices (NOPP) to participants. The Plan's NOPP is available upon request. To obtain a copy of the NOPP, or for more information regarding the Plan's privacy policies or your rights under HIPAA, contact Kristy Van Lare, Director, Benefits & HR Operations, at kristy.vanlare@jfwmail.com or 707-525-6213.

Women's Health & Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

All stages of reconstruction of the breast on which the mastectomy was performed;

Surgery and reconstruction of the other breast to produce a symmetrical appearance;

Prostheses; and,

Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this Plan. Therefore, the deductibles and coinsurance shown in the medical section of this guide will apply.

If you would like more information on WHCRA benefits, contact Kristy Van Lare, Director, Benefits & HR Operations, at kristy.vanlare@jfwmail.com or 707-525-6213.

MEDICARE PART D CREDITABLE COVERAGE NOTICE

IMPORTANT NOTICE FROM JACKSON FAMILY ENTERPRISES ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage offered by the group health plan through Jackson Family Enterprises and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Jackson Family Enterprises has determined that the prescription drug coverage offered by the group health plan through Jackson Family Enterprises is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current coverage through Jackson Family Enterprises will be affected.

Should you join a Medicare drug plan, you can keep your Jackson Family Enterprises group coverage and your Medicare Part D plan will coordinate with the group plan. Please see your group plan policies for full coordination details. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current group health coverage Jackson Family Enterprises, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period or after a qualifying event, subject to the terms and requirements of such group medical plan.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current group health coverage through Jackson Family Enterprises and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Jackson Family Enterprises changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage...

- ❑ Visit www.medicare.gov
- ❑ Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the Medicare & You" handbook for their telephone number) for personalized help
- ❑ Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

REMEMBER: KEEP THIS CREDITABLE COVERAGE NOTICE. IF YOU DECIDE TO JOIN ONE OF THE MEDICARE DRUG PLANS, YOU MAY BE REQUIRED TO PROVIDE A COPY OF THIS NOTICE WHEN YOU JOIN TO SHOW WHETHER OR NOT YOU HAVE MAINTAINED CREDITABLE COVERAGE AND, THEREFORE, WHETHER OR NOT YOU ARE REQUIRED TO PAY A HIGHER PREMIUM (A PENALTY).

For purposes of this notice, the plan administrator is:

Kristy Van Lare
Director, Benefits & HR Operations
kristy.vanlare@jfwmail.com
707-525-6213.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

HEALTH INSURANCE MARKETPLACE COVERAGE NOTICE

Part A: general information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your Jackson Family Wines.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The
Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1.

Can I save money on my health insurance premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the annual cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value "standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Kristy Van Lare, Director, Benefits & HR Operations, at kristy.vanlare@jfwmail.com or 707-525-6213.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: General Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name	**4. Employer Identification Number (EIN)**	
Jackson Family Wines Jackson Family Enterprises Regal III, LLC Jackson Family Investments Hartford-Jackson, LLC KJCB, Inc	94-3040414 20-5780901 27-4098644 94-3304190 68-0371964 83-2545193	
5. Employer Address 425 Aviation Blvd	**6. Employer phone number** 707-525-6212	
7. City Santa Rosa	8. State CA	9. Zip Code 95403
10. Who can we contact about employee health coverage at this job? Kristy Van Lare, Director, Benefits & HR Operations		
11. Phone number (if different from above) 707-525-6213	12. Email address kristy.vanlare@jfwmail.com	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

❑ All employees.

☒ Regular full-time employees who regularly work more than 30 hours per week. Temporary full-time employees scheduled to work more than 30 hours per week, and variable hour employees who have worked more than 30 hours per week over their one-year measurement period.

With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

- Spouse, same-sex or opposite sex domestic partner (see Benefits Guide for specifics)
- Unmarried, dependent children under the age 26 provided that the child is not offered group insurance through their own employer
- Dependent child with a physical or mental disability as defined by the Social Security Administration

❑ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.*

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.