

Understanding Your Health Benefits and Options

2025 Annual Open Enrollment Guide



RoNetco Supermarkets



Open Enrollment 2025

As a ShopRite Associate, understanding your options is the first step to making a decision for the next calendar year.

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

Who: Non-union full-time ShopRite associates who are eligible for benefits. If this is your first year enrolling, please take the time to review your options to ensure you are making the best choice for you and your family. If you are currently enrolled, it's always a good practice to review and confirm your information. If you choose not to take action, your current coverage elections will roll over into the next year.

When: Open Enrollment begins **Monday, November 4, 2024, and ends at midnight on Friday, November 22, 2024.**

How: Go to **ronetco.shopritebenefits.com** and download the enrollment forms which are located on the Open Enrollment page. These forms contain your weekly associate contributions. The site is password protected so see your Benefits Administrator for access. Once you have completed the forms, please submit them to your Benefits Administrator no later than November 22, 2024 to receive the coverage of your choice in 2025.

If you have any questions along the way, please contact your Benefits Administrator.

Before you enroll

Understand your benefit options

- Review your enrollment materials and Summary of Benefits and Coverage (SBCs) on your benefits website.
- Consider your benefit needs and compare your options for 2025.
- Contact your Benefits Administrator if you have any questions.

Make your benefit decisions

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

Complete the enrollment forms by November 22, 2024, if you want to:

- Enroll in, change, or drop your medical, dental, and/or vision coverage (if you elect anything other than single coverage; identify all eligible dependent(s) on the enrollment forms).

If you do not elect to make any changes by November 22, 2024:

- Your medical, dental, and/or vision coverage will continue with the 2025 plans and contributions.
- Your dependents will remain the same.

What's New for 2025?

New Dental Provider

Aetna is the new dental provider for ShopRite. They are a highly respected carrier with over 60+ years of dental excellence and over 10 million members. ShopRite will offer the same level of care through Aetna with no changes to your plan design. However, it does offer an extensive network which means more cost savings for you. Your current dental elections will be automatically carried over from MetLife. If you are not making any changes for 2025, you will not have to re-enroll.



MetLife is the new provider for Life Insurance and AD&D

Your current Basic enrollment will be carried over with MetLife.



MetLife is also the new provider for Long Term Disability

If you are currently enrolled, during the annual Open Enrollment period, you have the opportunity to review your current participation in LTD and can make changes to your current LTD tax election. If you chose an after-tax election during the current plan year, this will carry over automatically.

Continuing for 2025

Get a second opinion from an expert specialist with **2nd.MD**. Feel confident about your medical decisions. As part of your employer provided benefits, you can get an expert second opinion from a leading specialist at no additional cost to you. Connect directly with experts by video from the comfort of home. Ask questions, get answers and feel empowered to make the best health care decisions.

The ACO Network Option Returns for 2025

The Aetna Whole HealthSM is an ACO (Accountable Care Organization) Network. This is a group of health care providers that provide coordinated care to patient populations, including incentives to improve the quality of patient care and health outcomes while controlling costs. Aetna and providers leverage strengths to create a product offering with a shared patient focus. That focus is on delivering quality and efficiency that drives improved patient and provider engagement levels and, ultimately, better health outcomes. **The ACO is only available in NJ, NY, and CT and an associate's eligibility is based on their home address.**

Take Advantage of These Special Programs

Also check out our special programs such as Transform Oncology, Transform Diabetes, Memorial Sloan Kettering (MSK) and more. They are designed to help you get great care and save money too.

How the Plans Work

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

Benefits	Basic Managed Choice (You Pay)	Managed Choice (You Pay)	HCRA (Aetna Healthfund) (You Pay)
In-network preventive care covered at 100%	Yes	Yes	Yes
Well-being resources & special programs	Yes	Yes	Yes
Provider network	Broad or ACO	Broad or ACO	Broad or ACO
Use of in- and out-of-network providers	Yes	Yes	Yes
Must select a Primary Care Physician (PCP)	No	Yes	No
PCP referrals needed for specialty care	No	Yes	No
HCRA Funded	N/A	N/A	Yes
In-network deductible	Yes	Yes	Yes
Out-of-pocket maximum for in-network care	\$6,000 single \$12,000 family	\$4,750 single \$9,500 family	\$5,600 single \$11,200 family

How the Plans Work

In-network Medical Services

Benefits	Basic Managed Choice (You Pay)	Managed Choice (You Pay)	HCRA (Aetna Healthfund) (You Pay)
Preventative Services	\$0	\$0	\$0
Office Visits Primary Care Physician (PCP)/Specialist	\$30 PCP copay (after deductible) \$45 Specialist copay (after deductible)	\$30 PCP copay \$40 Specialist copay	Deductible & Coinsurance
Emergency Room	\$100 copay (after deductible)	\$100 copay	Deductible & Coinsurance
Urgent Care Facility	\$45 copay (after deductible)	\$40 copay	Deductible & Coinsurance
Deductible	\$2,500 single \$5,000 family	\$1,250 single \$2,500 family	\$2,000 single \$4,000 family
HCRA Fund	N/A	N/A	\$1,000 single \$2,000 family
Deductible after HCRA Fund	N/A	N/A	\$1,000 single \$2,000 family
Coinsurance	35%	35%	30%
Annual Out-of-Pocket Maximum	\$6,000 single \$12,000 family	\$4,750 single \$9,500 family	\$5,600 single \$11,200 family

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

How the Plans Work

Out-of-network Medical Services

Benefits	Basic Managed Choice (You Pay)	Managed Choice (You Pay)	HCRA (Aetna Healthfund) (You Pay)
Office Visits and Preventive Care	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	\$100 copay (after deductible)	\$100 copay	Deductible & Coinsurance
Deductible	\$7,000 single \$14,000 family	\$3,000 single \$6,000 family	\$6,000 single \$12,000 family
Coinsurance*	50%	50%	50%
Annual Out-of-Pocket Maximum	\$12,000 single \$24,000 family	\$10,000 single \$20,000 family	\$10,000 single \$20,000 family

*The plan pays out-of-network benefits based on Medicare reimbursement levels (up to 110% of Medicare for professional services and 140% for facility charges). In addition to your coinsurance, you are responsible for amounts that exceed these levels.



The ACO Network Option

The ACO Network Option offers quality health care that may lower costs for you and your family.

The ACO Network Option returns for 2025

The Aetna Whole HealthSM is an ACO (Accountable Care Organization) Network. This is a group of health care providers that provide coordinated care to patient populations, including incentives to improve the quality of patient care and health outcomes while controlling costs. Aetna and providers leverage strengths to create a product offering with a shared patient focus. That focus is on delivering quality and efficiency that drives improved patient and provider engagement levels and, ultimately, better health outcomes. **The ACO is only available in NJ, NY, and CT and an associate's eligibility is based on their home address.**

How do I know if my doctor(s) participate in the ACO Network?

To help associates determine which doctors are associated with an Accountable Care Organization (ACO), participating providers are flagged in the online provider search. Participating ACO providers associated with an Aetna Whole Health ACO are identified with an Aetna Whole Health logo.

Note: Download the Aetna Whole Health Provider Search document to learn how to search for a provider in your network. You can also learn more by watching the video tutorial on your benefits website.

How is the ACO network different from the current network?

Aetna teams up with systems of doctors, hospitals, and other health care providers to help these organizations manage risk, improve clinical care management, and implement data and technology to connect providers, health plans, and patients.

ACO providers accept responsibility for caring for a population of patients and work together to coordinate care. The goal of an ACO is to:

- Improve the health of the population using evidence-based medicine and greater integration and collaboration
- Enhance the member experience of care (including quality, access, and reliability) while encouraging member engagement
- Manage health care costs while focusing on health outcomes

How are providers selected to participate within the ACO network?

Aetna Whole Health plans are designed to:

- Reward doctors for improving patient care quality
- Lower medical cost growth over time by reducing waste, improving care coordination and closing care gaps
- Encourage associates to stay in network which is intended to help them experience improved quality of care at a lower total cost of care
- Support effective patient and primary care doctor relationships

ACO providers have to meet certain quality measures which are monitored ongoing. Some examples include:

- Impactable bed days per 1000 members
- 30 day re-admission rate
- Potentially avoidable ER visits per 1000 members
- Outpatient surgery steerage to a lower-cost place of service
- Outpatient lab steerage to a lower-cost place of service
- Outpatient radiology steerage to a lower-cost place of service
- Generic prescribing rate
- Total cost of care

The ACO Network Option

Which providers are part of the ACO network?

By using an ACO, you and your family will have access to all of your care, coordinated by your primary care physician and a care team. Within the ACO network, you will have access to hospitals, ancillary providers (lab, x-ray) and physicians (primary care and specialists) employed by the system. Your provider will assist with referrals if there is care you need outside of the ACO.

What if my provider is not part of the ACO network?

If your provider is not part of the ACO network you have several options:

- You can look for a provider who is in the ACO network and switch providers
- If you elect to visit a Non participating ACO provider, your out-of-network benefits will apply. For example, a lab test performed by a Non ACO provider will be applied to your out-of-network benefits which is subject to your deductible, co-insurance, and any amount that exceeds Aetna's Usual & Customary rate.

How will my out-of-network benefits be applied to services with Non ACO providers?

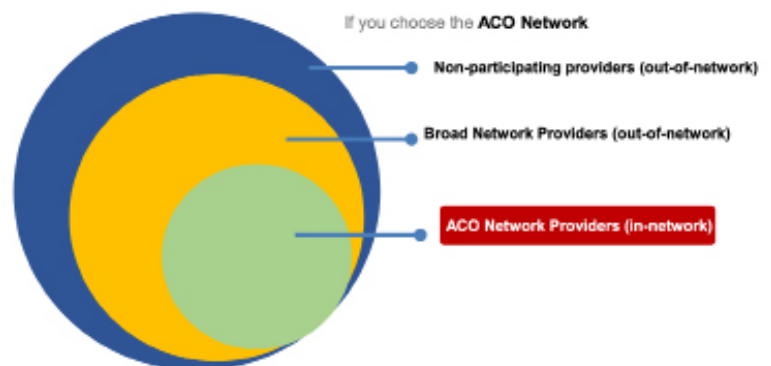
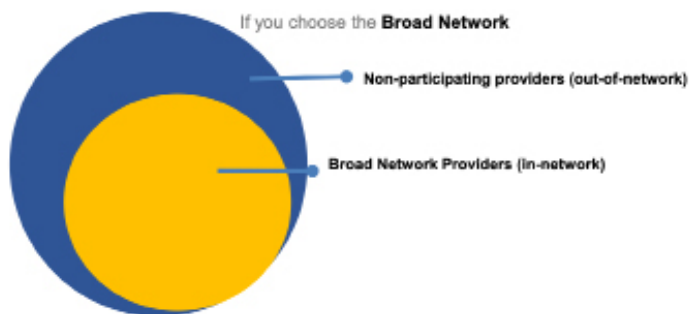
If associates utilize an out-of-network provider, they would receive the out-of-network benefits. So an out-of-network lab test for example, would follow the out-of-network lab benefit.

I am in the middle of treatment with a provider who is not part of the ACO network. Can I still visit my provider?

In certain circumstances, where it is not feasible for someone to switch providers due to being in the midst of treatment, a transition of care request can be granted. In the event you receive a balance bill from the provider, please contact Aetna Concierge at 1-877-461-0933 for assistance.

What if I am traveling out of my home zip code and have an emergency? Am I covered?

If you are traveling outside of your ACO service area, and have an emergency, you would receive the highest level of coverage which would be in-network coverage. In the event you receive a balance bill from the provider, please contact Aetna Concierge at 1-877-461-0933 for assistance.



Prescription Drugs

When you use a ShopRite pharmacy or Spotswood mail order for maintenance prescriptions, you'll get a three-month supply for the cost of one!

When you enroll in a ShopRite medical plan, you receive prescription drug coverage. Your copays are based on the type of drug and where you purchase your prescription. To lower your costs, request generic,

use a ShopRite pharmacy or Spotswood mail order for maintenance medications (for conditions that usually require regular use, such as high blood pressure, heart disease, asthma, and diabetes).

Prescription Drug Benefits — Managed Choice and HCRA*

Type of Drug	Definition	Retail Pharmacy (NonShopRite)	ShopRite Pharmacies or Spotswood Mail Order
		For a 30 day supply	For a 90-day supply
Generic	Drug with same active ingredients as brand name, with lower cost	\$15	\$15
Preferred Brand**	Drug marketed under a specific trademark or name by specific drug manufacturer and included on Aetna's drug list	\$40	\$40
Non Preferred Brand** (no generic available)	Drug marketed under a specific trademark or name by specific drug manufacturer and NOT on Aetna's drug list	\$60	\$60
Specialty Brand	High-cost prescription medications used to treat complex, chronic conditions	\$60	Contact your local pharmacy for more information.

*The cost of prescriptions under the Basic Managed Choice uses coinsurance. You pay 30% of the cost for Generic and Preferred Brand and 50% of the Non-Preferred Brand (not subject to the medical plan deductible).

**If you or your physician requests a brand-name medication when a generic is available, you will pay the applicable copay plus the difference between the cost of the generic and brand-name drug.

Dental

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

Aetna is the new dental provider for ShopRite. They are a highly respected carrier with over 60+ years of dental excellence and over 10 million members. ShopRite will offer the same level of care through Aetna with no changes to your plan design. However, it does offer an extensive network which means more cost savings for you.

Highlights of the Plan

- When you use a dentist participating in Aetna's network, you are only responsible for the difference between the in-network fee for the service provided and the plan's payment for the approved service.

- When you use out-of-network providers, your cost is based on the Reasonable and Customary (R&C) cost, instead of a discounted fee. You are responsible for any amounts that exceed the R&C, in addition to the deductible and coinsurance.

For more information or to locate in-network dental providers, visit www.aetna.com or call **1-855-83 SMILE**.

Active PPO with PPOII and Extend SM Networks	In-Network (You Pay)	Out-of-Network (You Pay)
Annual Deductible - Individual ¹	\$25	\$25
Annual Deductible - Family ¹	\$75	\$75
Preventive Services	100%	100%
Basic Services	85%	80%
Major Services	65%	60%
Annual Benefit Maximum	\$2,000	\$2,000
Office Visit Copay	N/A	N/A
Orthodontic Services ²	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	\$1,500	\$1,500

¹ The deductible applies to Basic and Major Services only.

² Orthodontia is covered only for children (appliance must be placed prior to age 20).

Vision

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

EyeMed is the vision provider for ShopRite. With this plan, you pay less when you visit a provider that participates in the EyeMed Select network.

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

Highlights of the Plan

- When you visit an EyeMed network provider, you pay a copay for eye exams and materials.
- When you visit an out-of-network provider, you generally pay the provider directly and submit an itemized bill to EyeMed. You will receive reimbursement up to the scheduled amount for each covered service and supply.

For more information or to locate EyeMed vision providers, visit www.eyemedvisioncare.com or call **1-866-939-3633**.

Benefit	EyeMed Option 1		EyeMed Option 2	
	In-Network Member Cost	Out-of-Network Reimbursement	In-Network Member Cost	Out-of-Network Reimbursement
Exam (one every 12 months)	\$10 copay	Up to \$35	No copay	Up to \$28
Frames (one every 24 months)	No copay; \$120 allowance + 20% off balance over \$120	Up to \$48	No copay; \$180 allowance + 20% off balance over \$180	\$90
Lenses (one every 12 months)				
Single Vision	\$25 copay	Up to \$25	No copay	Up to \$25
Bifocal	\$25 copay	Up to \$40	No copay	Up to \$39
Trifocal	\$25 copay	Up to \$60	No copay	Up to \$63
Contact Lenses (one order every 12 months)				
Conventional	No copay; \$135 allowance + 15% off balance over \$135	Up to \$95	No copay; \$180 allowance + 15% off balance over \$180	Up to \$144
Disposable	No copay; \$135 allowance	Up to \$95	No copay; \$180 allowance	Up to \$144
Medically Necessary	No copay: Paid in full	Up to \$200	No copay: Paid in full	Up to \$200

Long Term Disability

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

MetLife is the new LTD provider and your after-tax elections will carry over automatically.

LTD benefits provide you with a portion of your salary in the event you become disabled and cannot work. If you are rendered disabled by a licensed physician, for 90 days or more, you can apply and be considered for the LTD benefit. If approved, you would be eligible to receive 60% of your monthly earnings, up to \$15,000 depending on the class defined.

Associates are provided with two LTD tax options:

Option 1 — Employee Paid/Weekly Contribution

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

Option 2 — Company Paid

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

If you are currently enrolled, during the annual Open Enrollment period, you have the opportunity to review your current participation in LTD and can make changes to your current LTD tax election.

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



Life Insurance and AD&D

Life insurance and Accidental Death and Dismemberment (AD&D) is offered through MetLife.

Basic Life Insurance and AD&D is offered through MetLife and is 1.5x the associate's salary at a maximum of \$500,000. It is company paid, at no cost to the associate. On January 1st following the day the participant turns age 70, the benefit reduces to 50% of 1.5x the associate's salary.

Your current Basic Life enrollments will be carried over with MetLife. Also, your designated beneficiary/beneficiaries will be the recipient of this benefit. It's important to ensure the beneficiary/beneficiaries are up to date.



Additional Programs and Resources

Aetna Concierge Customer Service

Your Aetna Concierge is like your personal health care assistant – helping you to understand your health plan and answering your questions. Your concierge can even make appointments for you.

Aetna Drug Savings Review Program

This review of pharmacy claims helps increase safety, save money, and improve quality of care. Drug reviews are done after prescriptions are filled and coordinated directly with your medical provider, so you won't experience any disruptions.

Aetna One Choice

This program provides ongoing nurse support and coaching. Whether you're managing a chronic condition or have an upcoming surgery, Aetna nurses can help you put together a plan, understand your benefits, and answer your questions.



Aetna Pharmacy Advisory Program

If you have one of 10 conditions, Aetna's Care Support team will contact you directly when you fill your first prescription to treat your conditions, if you are not taking your medication as directed, and if you miss one or more refills.

Memorial Sloan Kettering Cancer Center (MSK) Direct

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

Transform Diabetes Care 2.0

With Transform Diabetes Care 2.0, members are equipped with the tools, education and support needed to stick with treatment so they can manage their condition with success.

Transform Oncology

Aetna's Transform Oncology program is innovating the full care journey of each cancer patient through an elevated standard of care that improves outcomes through personal care at every step of their cancer journey.

Teladoc Health

Did you know you can talk to a doctor anytime and for as long as you need? Teladoc Health gives you 24/7/365 access to a board certified doctor through the convenience of phone or video consults. It's a quick and affordable option for quality medical care – with \$0 copay for general medical care; specialty care (e.g., mental and behavioral health care, therapy, dermatology, and other specialty services) is subject to a fee schedule.

The Aetna Health Assessment

This is a simple, confidential tool for helping you to stay healthy. The assessment can give you valuable insight into your overall health and potential risk factors. Once you complete the online questionnaire, you will receive a full assessment of your current health status, including potential risk factors and tips to modify your behavior for better health. You can print the report for your files and share it with your doctor. The Health Assessment is completely confidential and takes less than 30 minutes to complete. To take the assessment, visit www.aetna.com.

2nd.MD Health Advisory Services

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

Important Contacts

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

Benefit Plan	Website	Telephone
Medical and Prescription Drugs		
Aetna medical plan and prescription drugs	www.aetna.com	1-877-461-0933
Aetna Concierge Customer Service	www.aetna.com	1-877-461-0933
Aetna Health Assessment	www.aetna.com	1-888-225-3375
Aetna One Choice Nurse Support/Coaching	www.aetna.com	1-877-461-0933
Aetna Pharmacy Advisory Program	www.aetna.com	1-855-305-9853
Aetna Tobacco Cessation Program	www.aetna.com	1-866-213-0153
Memorial Sloan Kettering (MSK) Direct	mskcc.org/gs-well-being	1-833-986-1757
2nd.MD Health Advisory Services	get.2nd.MD/wellbeing	1-866-841-2575
Dental		
Aetna	www.aetna.com	1-855-83 SMILE
Vision		
EyeMed	www.eyemedvisioncare.com	1-866-9EYEMED (939-3633)

About This Guide

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

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