



2024



BENEFITS ENROLLMENT GUIDE

BENEFITS ENROLLMENT

You are a vital part of our success. That's the reason we invest so much into a Benefits Plan that helps protect your health, your income and so much more. It is important for you to learn about the options we offer and consider how they can help you build a secure future.

Just a few of the things your benefits help you with include:

- Managing your health and ensuring you have access to great medical care when you need it
- Maximizing the tax advantages of Health Savings Accounts (HSA) and Flexible Spending Accounts (FSAs)
- Protecting your income and reducing your financial exposure from a serious illness or injury

For these and other reasons, we strive to give you the options to put together a plan that protects you and your family now and in the future.

Take a few minutes to get familiar with the benefits we offer. Start by reviewing this enrollment guide. It's time well spent.

ENROLLMENT PERIODS

Annual Benefits Open Enrollment (Oct 23 – Nov 3): Once a year, you'll have the opportunity to enroll or change your benefits. Benefits elected during Open Enrollment are effective January 1 through December 31.

New Hires: You have 31 days from your hire date to enroll in benefits. Once you complete your elections online through Dayforce, your coverage becomes effective on the first of the month following one calendar month of employment.

Qualifying Life Events: Once you make your elections, they're in place for the calendar year unless you have a Qualifying Life Event (QLE) during the year. A QLE allows you to make certain changes to your benefits within 31 days of the QLE. If you miss the 31-day window, you'll need to wait until the next Annual Benefits Open Enrollment period to make changes. Examples of QLEs include, but are not limited to Marriage, Birth, or the loss/gain of other healthcare coverage. Changes are effective on the first of the calendar month following the date of the event or coinciding with the first day of calendar month.

2024 BENEFIT HIGHLIGHTS

- ✓ Enhanced employer contribution to your HSA account for those who select the High Deductible Health Plan (HDHP) for 2024 (\$500 for those on employee only coverage, \$1,000 a year for family coverages).
- ✓ Are you sure you're in the right plan? New smart phone friendly tool (ALEX) ready to offer you strictly confidential and customized guidance on which plan best fits your unique needs.
- ✓ New Paid Parental Leave program! Take paid time off to bond with your child without an interruption to your income (page 22).
- ✓ New optional Legal Services benefit. Secure access to a national network of lawyers to assist you on topics that range from estate planning to criminal defense (page 20).
- ✓ Flexible Spending Accounts (FSAs) require re-enrollment. If you would like to contribute to an FSA for the first time, continue to contribute in 2024, or roll up to \$610 of your 2023 balance, you must make a new election as part of annual benefits open enrollment.

THE BENEFITS WE OFFER

Central Garden & Pet offers a full range of coverages that protect you financially and can help you build a secure future.

HEALTH & WELLBEING

- Medical and Prescription Plans
- Dental Plans
- Vision Plans
- Critical Illness Insurance
- Accident Insurance
- Flexible Spending Accounts
- Health Savings Account

INCOME SECURITY

- Basic Life & AD&D Insurance
- Supplemental Life and AD&D
- Short-Term Disability Insurance
- Long-Term Disability Insurance
- Paid Parental Leave

RETIREMENT & LIFESTYLE

- 401(k) Retirement Savings Plan
- Employee Assistance Program
- Wellness Program
- Identity Theft Insurance
- Pet Insurance
- Adoption Reimbursement Program
- Education Assistance Program
- Employee Referral Program
- Legal Services

WHO WE COVER

Regular full-time employees who work 30 hours per week, or more, are eligible on the first of the month following one calendar month of employment for the benefits described in this guide.

Your Dependents May Include:

- Your legal spouse (including same-sex spouses and domestic partners)
- Your dependent children [natural or legally adopted (including children legally living with you before the adoption is final), stepchildren, and children for whom you are the legal guardian]
 - Child(ren) up to age 26, regardless of student or marital status (including the children of your qualified domestic partner)
 - Unmarried children of any age if physically or mentally incapable of self-support
 - Any child who qualifies as your dependent under the terms of a Qualified Medical Child Support Order (QMCSO)

DEPENDENT ELIGIBILITY VERIFICATION

If enrolling dependents (spouse, domestic partner, and/or children) you're required to provide Dependent Eligibility Verification (DEV). Please contact your local HR Partner for more information or email hrben@central.com.

ENROLL ONLINE

Learn more about your benefits at www.CentralBenefits.org. We offer online enrollment, so you can enroll when it's convenient for you.



Online Self-Service — Enroll in Dayforce anytime.

Visit: <https://www.dayforcehcm.com/mydayforce/login.aspx> to start your enrollment.

NOTE: You cannot enroll via the mobile app.

Company: central | *User Name:* 6-digit employee number found in the last 6 digits of the ID Number on Ceridian pay statement or Employee Number from Dayforce Earnings Statement.

Password: If you're logging into Dayforce for the first time your password is the last 4-digits of your social and the word Login (example: ####Login).

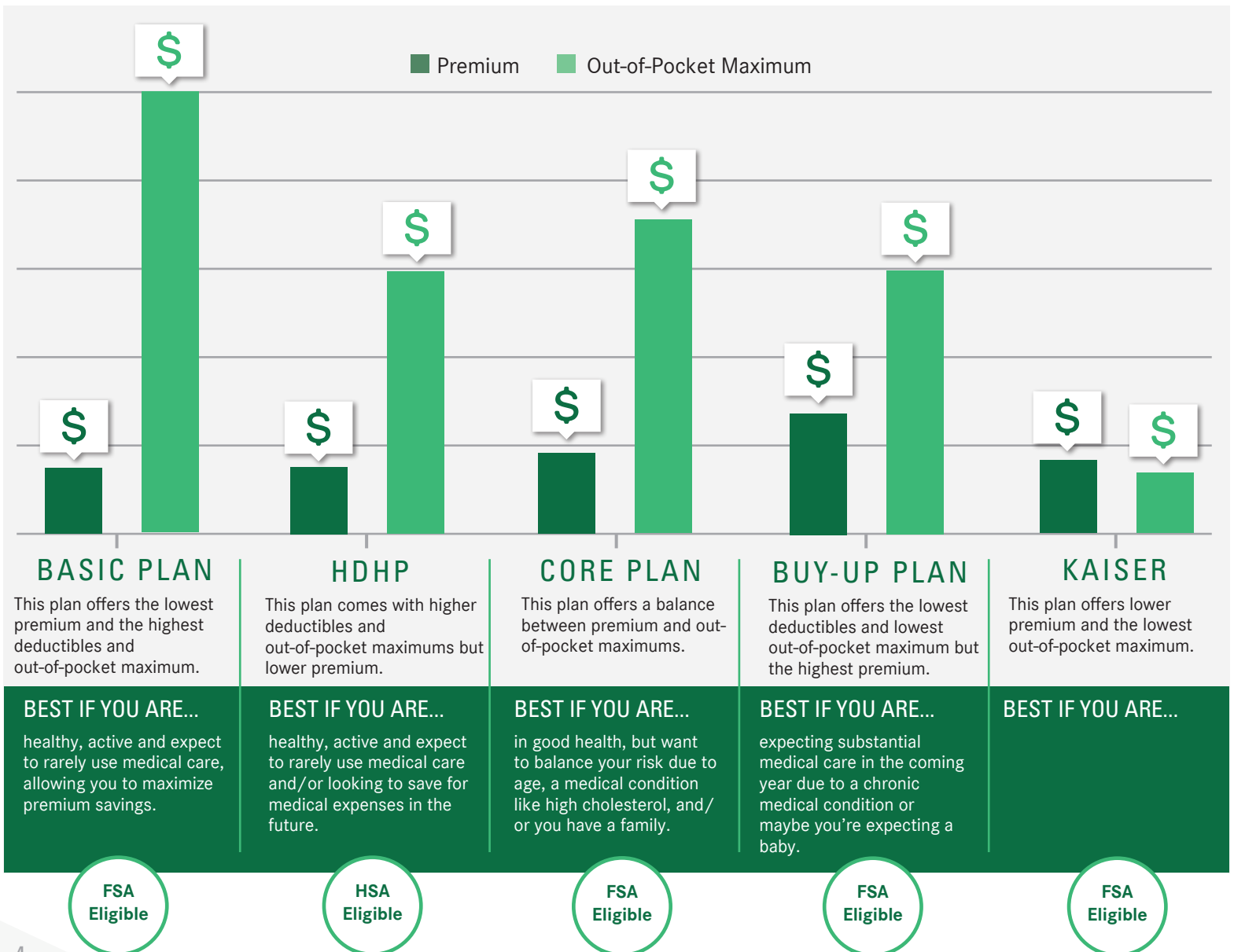
MEDICAL INSURANCE

Health care needs are different for everyone. That's why Central Garden & Pet offers multiple options so you can choose the coverage best-suited to your needs and budget.

WHAT'S THE RIGHT PLAN FOR YOU?

Balance your premium cost with what you expect to spend for medical services. If you're healthy and don't expect to have many doctor visits, you can greatly reduce your upfront cost by choosing a lower premium plan. If you require a lot of care and need to limit out-of-pocket expenses, the higher premium plan might make sense. Use the ALEX tool to explore your options and receive a customized recommendation of the plan that best fits your situation (<https://start.myalex.com/central>).

All of the Anthem Plans give you access to the same network of high-quality medical providers. The difference is that each plan carries different premium and out-of-pocket costs.



WHAT'S YOUR BEST FIT



DANIELLE

Young, active and healthy

Age: 26

Lifestyle: Biking, skiing and hiking

Medical Status: Very healthy

Financial Risk Factors: High risk activities that could lead to costly injury



BEST FIT: Danielle can expect to spend little on medical services and take advantage of a plan with low premium. If she's concerned about a potential injury from her active lifestyle she may consider supplementing her medical plan with Accident coverage.



MIKE & DIANE

Planning a new addition

Ages: 34 and 31

Lifestyle: Trips to the beach, jogging, bingeing TV shows

Medical Status: Very healthy and planning their first child in the coming year

Financial Risk Factors: Having a baby is expensive



BEST FIT: Healthy and active, Mike and Diane normally lean toward a low-premium plan, but the cost of pregnancy changes that calculation. Choosing a plan with a low out-of-pocket maximum may be the best choice for them this year.



SUTTON FAMILY

Typical family with some risk

Ages: Cyrus, 48; Emily, 44; Jasmine, 12; and Jamie, 10

Lifestyle: Jasmine and Jamie both play soccer; Jamie is an avid skateboarder

Medical Status: Cyrus has high blood pressure and cholesterol; Emily is a breast cancer survivor

Financial Risk Factors: Heart and cardiovascular disease; Injury risk from sport activities (skateboarding is a high risk activity)



BEST FIT: A plan with lower deductibles and out-of-pocket maximum makes sense because of Cyrus' risk factors and the chance of a sports injury for the kids. The family may also consider the risk reduction of adding Critical Illness and Accident coverage.

YOUR 2024 MEDICAL PLAN SUMMARY

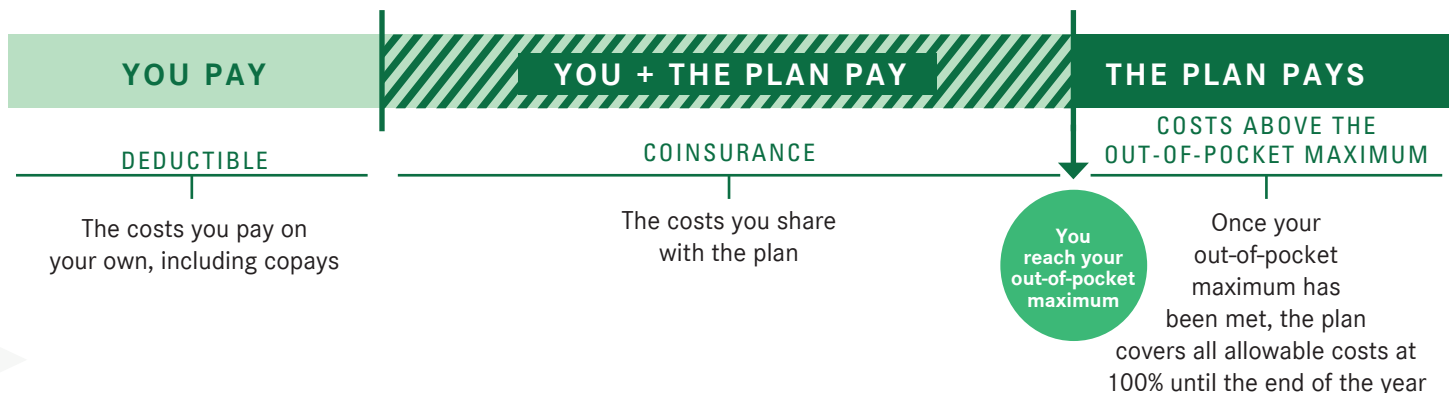
Each person's health care needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation.

	BASIC PLAN		HDHP**		CORE PLAN		BUY-UP PLAN		KAISER
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	CA & GA Only
Annual Deductible (Individual/Family)	\$3,000/ \$9,000	\$6,000/ \$18,000	\$2,000/ \$4,000	\$4,000/ \$8,000	\$650/ \$1,950	\$850/ \$2,550	\$500/ \$1,500	\$650/ \$2,100	N/A
Out-of-Pocket Maximum (Individual/Family)	\$6,700/ \$13,400	\$13,400/ \$26,800	\$6,000/ \$12,000	\$12,000/ \$24,000	\$5,000/ \$10,000	\$9,500/ \$19,000	\$4,000/ \$8,000	\$7,500/ \$15,000	\$1,500/ \$3,000
Coinsurance	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	N/A with some exceptions
Company HSA Contribution (Individual/Family)	N/A		\$500/\$1,000		N/A		N/A		N/A
Preventive Care	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 70% after deductible	Plan pays 100%
Office Visits	\$35 copay* (Primary Care) \$60 copay* (Specialty Care)	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	\$25 copay*	Plan pays 70% after deductible	\$25 per visit
Hospital Deductible <i>(waived for emergency admission)</i>	N/A		N/A		\$250/ admission	\$500/ admission	\$250/ admission	\$300/ admission	\$250/ admission
Emergency Room Deductible <i>(waived if admitted)</i>	\$250/per visit		\$250/per visit		\$250/per visit		\$250/per visit		\$200/ per visit

*The dollar copay applies only to the office visit itself. An additional 10% coinsurance applies for any services performed in office (i.e., X-ray, lab, surgery).

**The deductible under this plan is not embedded (i.e., if a member enrolls with one or more dependents the family deductible must be met before benefits (other than preventive care) are paid).

HOW YOUR MEDICAL PLAN WORKS



PRESCRIPTION PLAN

Prescription coverage is included in your medical plan choice. Your prescription plan details are as follows:

	BASIC PLAN	HDHP*	CORE PLAN	BUY-UP PLAN	KAISER
Generic	\$10 copay (retail); \$25 copay (mail order)				\$10 copay (retail); \$20 copay (mail order)
Brand Name (Preferred)	You pay 30% of covered expense				\$30 copay (retail); \$60 copay (mail order)
Brand Name (Non-Preferred)	You pay 50% of covered expense				\$30 copay (retail)**; \$60 copay (mail order)**
Specialty	You pay 30% of covered expense				You pay 20% of covered expense, not to exceed \$150 for 30-day supply
Out-of-pocket Maximum (Individual/Family)	\$2,000/\$4,000 at participating pharmacies only	Combined with Medical OOP Max	\$2,000/\$4,000 at participating pharmacies only	Combined with Medical OOP Max	

Participating Retail (up to a 30-day supply) or Mail Order (Anthem up to 90-day supply, Kaiser up to 100-day supply)

* medical deductible applies first

** not covered in Georgia

CONTROLLING HEALTHCARE COSTS

The rising cost of health insurance is a concern for all of us. Here are tips on how you can help lower the cost of health insurance:



Use network providers. You will receive a higher level of benefits if you use providers who participate in the network.



Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.



Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.



Exercise and maintain a proper diet. The healthier you are the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.

If we become more aware consumers, we can each do our part to lower the cost of health care!

FINDING A DOCTOR & PRESCRIPTION DRUG COVERAGE



When you use in-network doctors, you pay less. (And it keeps claim costs to a minimum.) Plus, network doctors have to meet certain standards to be invited to the network—so they are pre-screened for you. Learn how to find a network doctor for your plan using the steps outlined below.

No matter which plan, when you enroll in medical coverage, you automatically receive prescription drug coverage. Read more below about your options with each plan.

ANTHEM PLANS

To find an **Anthem** provider in your area, visit: [anthem.com/ca](https://www.anthem.com/ca).

- Under “Find Care” select “Basic search as a guest”. The medical plans use the National Blue Card PPO network in all states except those listed below, which use an Alternate Network:
 - Florida – NetworkBlue
 - Georgia – Blue Open Access POS
 - New Jersey – Horizon Managed Care Network
 - Wisconsin – Blue Preferred POS

You must use the appropriate network name, either National (Blue Card PPO) or the network for your state if listed above, when searching for in-network providers.

Those who select an Anthem medical plan fill their prescriptions through Anthem, a well-known national prescription drug provider with high-quality customer service. You have access to four tiers of drugs: generic, Preferred brand-name drugs, Non-Preferred brand-name drugs and specialty drugs.* For an up-to-date formulary list for Anthem go to [anthem.com/ca/pharmacyinformation](https://www.anthem.com/ca/pharmacyinformation).

KAISER PLAN

To find a Kaiser provider in your area, visit: [kp.org](https://www.kp.org) and then select “Doctors & Locations”.

- Choose CA or GA to see listed facilities in your area

Kaiser coverage is provided at Kaiser facilities only. There is no health coverage outside the Kaiser network.

Those who select a Kaiser medical plan fill their prescriptions through Kaiser pharmacies located within most Kaiser medical offices and hospitals.

**To be covered under the plan, specialty medications must be filled through CarelonRx (formerly Ingenio Rx), Anthem’s specialty pharmacy. If you are prescribed a specialty medication, you will be notified by CarelonRx (formerly Ingenio Rx) via mail, and by phone if necessary.*

2024 BENEFIT CONTRIBUTIONS & PREMIUMS

Below are the employee contribution amounts for Central Garden & Pet benefits effective January 1, 2024 through December 31, 2024.

MEDICAL PLANS

	MONTHLY CONTRIBUTIONS				BI-WEEKLY CONTRIBUTIONS				WEEKLY CONTRIBUTIONS			
	EMPLOYEE	EMPLOYEE + SPOUSE*	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY*	EMPLOYEE	EMPLOYEE + SPOUSE*	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY*	EMPLOYEE	EMPLOYEE + SPOUSE*	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY*
Anthem Basic	\$130.90	\$489.96	\$352.76	\$607.46	\$60.42	\$226.14	\$162.81	\$280.37	\$30.21	\$113.07	\$81.41	\$140.18
Anthem HDHP	\$143.70	\$501.82	\$361.36	\$621.96	\$66.32	\$231.61	\$166.78	\$287.06	\$33.16	\$115.80	\$83.39	\$143.53
Anthem Core Plan	\$173.02	\$588.58	\$423.84	\$729.52	\$79.86	\$271.65	\$195.62	\$336.70	\$39.93	\$135.83	\$97.81	\$168.35
Anthem Buy-Up Plan	\$246.00	\$732.00	\$530.16	\$921.46	\$113.54	\$337.85	\$244.69	\$425.30	\$56.77	\$168.92	\$122.34	\$212.64
Kaiser HMO (CA ONLY)	\$175.74	\$559.21	\$402.63	\$693.43	\$81.11	\$258.10	\$185.83	\$320.04	\$40.56	\$129.05	\$92.92	\$160.02
Kaiser HMO (GA ONLY)	\$157.98	\$502.68	\$361.93	\$623.33	\$72.91	\$232.01	\$167.04	\$287.69	\$36.46	\$116.00	\$83.52	\$143.85

DENTAL PLANS

	MONTHLY CONTRIBUTIONS				BI-WEEKLY CONTRIBUTIONS				WEEKLY CONTRIBUTIONS			
	EMPLOYEE	EMPLOYEE + SPOUSE*	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY*	EMPLOYEE	EMPLOYEE + SPOUSE*	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY*	EMPLOYEE	EMPLOYEE + SPOUSE*	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY*
Anthem Core Plan	\$7.13	\$16.94	\$18.89	\$26.74	\$3.29	\$7.82	\$8.72	\$12.34	\$1.65	\$3.91	\$4.36	\$6.17
Anthem Buy-Up Plan	\$10.08	\$23.95	\$26.72	\$37.81	\$4.65	\$11.05	\$12.33	\$17.45	\$2.33	\$5.53	\$6.17	\$8.73

VISION PLANS

	MONTHLY CONTRIBUTIONS				BI-WEEKLY CONTRIBUTIONS				WEEKLY CONTRIBUTIONS			
	EMPLOYEE	EMPLOYEE + SPOUSE*	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY*	EMPLOYEE	EMPLOYEE + SPOUSE*	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY*	EMPLOYEE	EMPLOYEE + SPOUSE*	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY*
VSP Core Plan	\$4.64	\$11.60	\$8.35	\$14.39	\$2.14	\$5.35	\$3.85	\$6.64	\$1.07	\$2.68	\$1.93	\$3.32
VSP Buy-Up Plan	\$8.65	\$21.63	\$15.58	\$26.83	\$3.99	\$9.98	\$7.19	\$12.38	\$2.00	\$4.99	\$3.60	\$6.19

* Premiums paid by Central for a domestic partner's benefits are taxable income to the employee, included in the employee's Form W-2. Any premiums paid by the employee on a domestic partner's benefits will be deducted on an after-tax basis.

DENTAL PLAN

DENTAL PLAN

You have a choice of two PPO dental plans administered by Anthem: the core plan and the buy-up plan. You can go to any dentist you choose, but you can take advantage of the PPO's discounted rates (and reduce your out-of-pocket costs) if you stay in the network. The main features and differences between the two plans are shown below.

	CORE DENTAL PLAN	BUY-UP DENTAL PLAN
Deductible	\$50/person; \$150/family	\$25/person; \$75/family
Maximum Annual Benefit	\$1,000/person	\$1,500/person
Preventive/Diagnostic Services (included exams and cleanings)	Plan pays 100%, with no deductible	
Basic Services (includes, fillings, root canals, and oral surgery)	Plan pays 80%, after deductible	
Major Services (includes periodontal treatment, crowns, dental implants, and bridgework)	Plan pays 50%, after deductible	Plan pays 70%, after deductible
Orthodontia (for children and adults)	Not covered	50%, up to the annual maximum of \$750 (lifetime maximum of \$1,500)

To find a network dentist in your area, visit anthem.com/ca and click "Find Care" then select "Basic search as a guest" from the drop-down. Pick a special category (such as orthodontics or general dentistry), then fill in the required information. Or, contact a Customer Service Representative at **(877) 567-1804**, 7 days a week, from 7 a.m. – 7 p.m. (PT).

WHAT DOES PREVENTIVE DENTAL CARE TYPICALLY COVER?

Every dollar spent on preventive care can save you money later on procedures that are more urgent, complex, and costly.



Routine dental checkups and cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.



Professional fluoride treatments can be a key defense against cavities if you're at high risk for decay. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste, and take only a few minutes to apply.



Dental sealants go a step beyond fluoride by providing a thin, plastic coating to the chewing surface of your teeth. Central's dental plans cover sealants as preventive care for children under 17 on their first and second molars.



X-ray images of your mouth may be taken by your dentist or dental hygienist to better evaluate your oral health. These images go beneath the surface to provide a more detailed look inside your teeth and gums.

VISION PLAN

VISION PLAN

You have a choice of two vision plans administered by Vision Service Plan (VSP): the core plan and the buy-up plan. When you visit an in-network provider, eye exams are covered in full. The chart below shows how much you'll pay depending on the type of service you receive. Only in-network benefits are listed. For out-of-network allowances, go to vsp.com and sign in (first-time users will need to register).

	CORE VISION PLAN	BUY-UP VISION PLAN
Frequency Eye Exams Lenses Frames Contact Lenses	Once every year Once every two years Once every two years Once every two years (instead of frames)	Once every year Once every year Once every year Once every year (instead of frames)
Copayment Vision Exams Frames Lenses	Covered in full Plan pays up to \$200 (at Costco/Sam's Club/Walmart the Plan pays up to \$110) after \$25 copay* \$25 copay*	
Contact Lenses	Medically necessary contacts covered in full after \$25 copay; Plan pays up to \$150 for elective contacts, with up to a \$60 copay for the contact lens fitting and evaluation	
Hearing Aids	VSP provides free access to TruHearing MemberPlus Program for exam, fittings, up to 50% savings on hearing aids, and more. This is not insurance but provides discounts through contracted health plans. Includes covered dependents. Find more information at vsp.truhearing.com .	

**If you purchase both frames and lenses together only one \$25 copay applies. To find an in-network provider, search online at vsp.com or head to your local Costco/Sam's Club/Walmart.*

5 TIPS FOR A LIFETIME OF HEALTHY VISION

- 1. Schedule yearly eye exams.** Visiting your eye doctor regularly helps you see your best, protect your sight and even detect serious health conditions such as diabetes.
- 2. Protect your eyes against UV rays.** No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
- 3. Give your eyes a break from digital devices.** Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.
- 4. Live a smoke-free lifestyle.** Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
- 5. Practice safe wear and care of contact lenses.** Keep them clean and follow your optometrist's recommendations for use and wear.



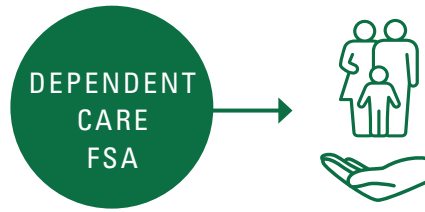
FLEXIBLE SPENDING ACCOUNTS (FSAs)

Reduce your tax bill while putting aside money for health and dependent care needs.

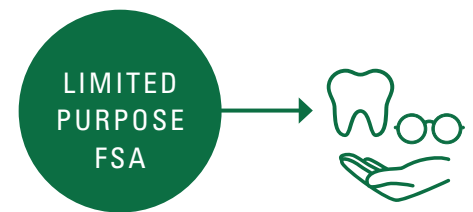
Flexible Spending Accounts (FSAs) allow you to put aside money for important expenses and help you reduce your income taxes at the same time. Central Garden & Pet offers three types of Flexible Spending Accounts – Health Care, Dependent Care, and Limited Purpose. Learn more about the FSAs from Health Equity at www.healthequity.com.



Deductibles, copays, prescription and over-the-counter drugs, medical equipment, etc.



Babysitters, daycare, day camp, home nursing care, etc.



Eligible vision and dental expenses.
The LPFSA can be held at the same time as a Health Savings Account (HSA), and is only available to participants in the HDHP.

USE IT OR LOSE IT: Be sure to calculate your FSA contributions carefully, only \$610 of your 2023 FSA can rollover to 2024 if you elect to contribute in 2024.

ANNUAL MAXIMUM CONTRIBUTION

Health Care Flexible Spending Account	\$3,050
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)
Limited Purpose Flexible Spending Account	\$3,050

Please note that these accounts are separate. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa. The Limited Purpose FSA is for dental and vision expenses only. Learn more about the FSAs from Health Equity at www.healthequity.com.

**If you are enrolled in the HDHP you cannot have a Health Care FSA, instead you should consider a Limited Purpose FSA.*



HEALTH CARE ITEMS YOU MIGHT NOT REALIZE ARE FSA ELIGIBLE:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts and other foot grooming treatments
- Travel pillows
- Motion sickness bands

HEALTH SAVINGS ACCOUNT (HSA)

Save for future medical costs and reduce your tax bill with this special savings account.

As you get older, your out-of-pocket medical expenses rise. By the time you retire, health care likely will be your largest household expense, even with Medicare. A Health Savings Account allows you to build up protection for future health care expenses.

If you choose to participate in the HDHP, you can contribute money to your HSA and use it any time for qualified health care expenses. Learn more about the HSA from Health Equity, including eligibility requirements, at www.healthequity.com/learn/how-an-hsa-works.

Whatever you don't use rolls over for future years and earns interest. Better yet, HSAs provide tax advantages.



ARE YOU ELIGIBLE FOR AN HSA?

To be eligible to contribute to an HSA, you must meet the following criteria:

- Are covered under the HDHP
- Are not covered under any other non-HDHP health coverage. Disqualifying examples of coverage include: Medicare, coverage under spouse or parent, access to an FSA or HRA, TRICARE coverage.
- Have not received any medical benefits (excluding dental, vision or preventative) during the previous three months from: The Indian Health Services, The US Department of Veterans Affairs (except for treatment for service-connected disability)
- Cannot be claimed on someone else's tax return

HSAs DELIVER TRIPLE TAX SAVINGS

1. You don't pay income tax on the money you contribute
2. You don't pay taxes on the interest you earn in your account
3. You don't pay taxes when you use the money to pay for qualified medical services

HOW MUCH CAN YOU CONTRIBUTE?	ANNUAL IRS CONTRIBUTION LIMIT	QUARTERLY CENTRAL CONTRIBUTION **	YOUR MAXIMUM CONTRIBUTION AMOUNT
Individual Coverage	\$4,150	\$125.00	\$3,650
Family Coverage	\$8,300*	\$250.00	\$7,300

*Total IRS contribution limits for 2024 are cumulative of Central Garden & Pet funding. Individuals age 55 or older can make an additional \$1,000 in "catch up" contributions.

**Employment as of the last day of the calendar quarter required to receive employer contribution.

CRITICAL ILLNESS INSURANCE






You can protect yourself from the unexpected costs of a serious illness.

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance, from Reliance Standard, pays a full lump sum benefit directly to you if you are diagnosed with a covered illness (Note: diagnosis of critical illness must take place after the coverage effective date). The benefit is paid in addition to any other insurance coverage you may have. This benefit is voluntary and paid through convenient payroll deductions. Learn more at www.CentralBenefits.org.

COVERED ILLNESSES INCLUDE:

- Heart Attack
- Stroke
- Cancer
- Major Organ Failure
- Paralysis
- Coronary Disease*
- Benign Brain Tumor
- Alzheimer's

PLAN FEATURES:

-  **Guaranteed Acceptance:** During initial enrollment coverage is available from \$10,000 to \$40,000 in \$10,000 increments. There are no health questions or physical exams required.**
-  **Family Coverage:** You can also choose to cover your spouse in \$10,000 increments and coverage cannot exceed 100% of employee amount. Coverage for children is limited to 25% of employee amount to a max of \$10,000. There are no health questions or physical exams required.**
-  **Health Screening Benefit:** The plan provides a \$50 benefit per person per calendar year if you or your covered dependents complete a covered health screening test.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.
-  **Premiums:** Coverage premiums are calculated based on age, tobacco use, amount of coverage elected, and other such factors, provided at the time of enrollment.

**The coverage pays 25% of the face amount of the policy once per lifetime for coronary bypass surgery and carcinoma in situ.*

*** Coverage is offered on a Guarantee Issue basis. No medical questions are asked and employees and their dependents will qualify regardless of medical history.*

The policy/certificate of coverage or its provisions, as well as covered illnesses, may vary or be unavailable in some states. In New York, a Specified Disease product is offered. The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.

WHY WE OFFER SUPPLEMENTAL MEDICAL BENEFITS

Medical insurance does not prevent all of the financial strain of a major illness or injury. You can be exposed to up to thousands of dollars in out-of-pocket expenses if you or a family member becomes seriously sick or injured.

Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help cover this out-of-pocket financial exposure for a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance.

ACCIDENT INSURANCE


Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.


Accident Insurance, from Reliance Standard, pays lump sum benefits directly to you if you suffer a range of covered injuries such as a fracture, burn, ligament damage or major concussion. Benefits are paid even if you have other coverage. This benefit is voluntary and paid through convenient payroll deductions. **Learn more at: www.CentralBenefits.org.**


The benefit amount is calculated based on the type of injury, its severity, and what medical services are required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:


- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation
- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)


PLAN FEATURES

 **Guaranteed Acceptance:** There are no health questions or physical exams required.

 **Family Coverage:** You can elect to cover your spouse and children.

 **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job.

 **Portable Coverage:** You can take your policy with you if you change jobs or retire.

 **Organized Youth Sports Benefit:** If a covered child were injured during an organized sporting event, there is an additional 25% benefit.



HOW ACCIDENT INSURANCE WORKS

Sam tears a knee ligament that requires extensive treatment and rehab. Even with medical insurance, this will cost Sam **thousands of dollars in out-of-pocket** in deductibles and coinsurance.

Fortunately, Sam has Accident Insurance. **This coverage paid Sam a total benefit of \$2,640.**

HOW SAM'S ACCIDENT BENEFIT WAS CALCULATED:

Medical Service	Benefit
Emergency Room	\$ 300
Ligament Surgery	\$ 1,500
Anesthesia	\$ 300
Physical Therapy	\$ 540 <i>(\$90 per visit for six visits)</i>
TOTAL BENEFIT	\$2,640

This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule of the plan offered to you.

RELIANCE STANDARD	MONTHLY	BI-WEEKLY	WEEKLY
Employee Only	\$11.74	\$5.42	\$2.71
Employee + Spouse	\$19.59	\$9.04	\$4.52
Employee + Child(ren)	\$26.69	\$12.32	\$6.16
Family	\$34.71	\$16.02	\$8.01

LIFE INSURANCE

Always be there financially for your loved ones.

Central Garden & Pet knows how difficult it can be to provide this peace of mind on your own, which is why we have made it a priority to give you the ability to assemble a complete Life Insurance portfolio.

BASIC TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Central Garden & Pet provides eligible employees with company-paid Basic Life and Accidental Death & Dismemberment (AD&D) insurance through Reliance Standard at no cost to you and enrollment is automatic.

BASIC TERM LIFE

The benefit is equal to one time your base annual earnings to a maximum of \$300,000

ACCIDENTAL DEATH AND DISMEMBERMENT

If you are seriously injured or lose your life in an accident, you will be eligible for a benefit equal to your Basic Term Life coverage.

SUPPLEMENTAL LIFE

Effective 1/1/24 Reliance Standard will permit you to increase your existing coverage up to the next \$10,000 increment during benefits open enrollment (\$5,000 increments on spouse and child coverage). Proof of good health is not required for this incremental increase in your coverage amount, up to the guaranteed issue amount.

You must purchase supplemental life insurance for yourself to be able to purchase spouse or child life insurance. If you enroll when first eligible you are able to purchase coverage for yourself (not to exceed the lesser of five times your annual salary or \$200,000; the guaranteed issue amount) and for your spouse (not to exceed \$50,000 or 100% of your coverage; the guaranteed issue amount) without proof of good health. If you do not enroll when you are first eligible, you will have to submit proof of good health and be approved by Reliance Standard. Proof of good health is a quick questionnaire—asking basic questions such as height, weight, date of birth, etc. Benefits are effective from the first of the month after your coverage is approved. Your options include:

EMPLOYEE

An amount you choose, not to exceed the lesser of five times your annual salary or \$1,000,000.

SPOUSE

An amount you choose, not to exceed the lesser of 100% of your employee supplemental life amount or \$50,000.

CHILDREN

An amount you choose, not to exceed the lesser of 10% of your employee supplemental life amount or \$20,000.

RELiance STANDARD — EMPLOYEE & SPOUSE RATES PER \$1,000 OF COVERAGE

Age	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee	\$0.102	\$0.117	\$0.160	\$0.175	\$0.263	\$0.409	\$0.759	\$1.138	\$1.853	\$3.006
Spouse	<i>Spouse rates based on employee's age</i>									

HOW TO CALCULATE YOUR SUPPLEMENTAL LIFE INSURANCE PREMIUMS

1. Determine your level of coverage in an increment of \$10,000.
2. Divide your benefit amount by 1,000.
3. Multiply this amount by the premium for your age to see your monthly cost. Premiums (even for spouse coverage) are based on the employee's age on January 1st.

EXAMPLE:

Sue is 33 years old and makes \$42,500 per year. She would like to purchase \$80,000 in employee paid supplemental life insurance. Here's how she would figure the cost:

1. $\$80,000 / 1,000 = 80$
2. $80 \times \$0.117 = \9.36 per month

CHILD(REN) RATES PER \$1,000 OF COVERAGE

Child(ren) Rates	\$0.098 regardless of the number of eligible children covered
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SUPPLEMENTAL AD&D

SUPPLEMENTAL AD&D

You may buy supplemental AD&D insurance for yourself only, or for your whole family (which includes coverage for you). Remember, this optional coverage is in addition to what Central Garden & Pet automatically provides, and you can enroll for coverage at any time.

SUPPLEMENTAL AD&D COVERAGE		
Options for you*	Spouse**	Children**
\$25,000 \$50,000 \$75,000 \$100,000 \$125,000 \$150,000 \$200,000 \$250,000 \$500,000 \$750,000 \$1,000,000	If you do not have covered children: 60% of your (employee's) benefit amount	If you are not married: 15% of your (employee's) benefit amount
Coverage you choose is in addition to the basic coverage provided by Central Garden & Pet.	If you have covered children: 50% of your (employee's) benefit amount	If you are married: 10% of your (employee's) benefit amount

*Amounts of \$200,000 or more cannot be more than 10 times your annual salary.

**You must choose employee coverage to be able to enroll your spouse and/or children.

RELIANCE STANDARD – RATES PER \$1,000 OF COVERAGE

Employee	\$0.034
Employee + Dependents	\$0.045



DISABILITY INSURANCE

Your ability to bring home a paycheck is one of your most valuable assets. We help you protect it.

These plans replace a portion of your income if you become disabled and cannot work. Central Garden & Pet provides all eligible employees with Short-Term Disability benefits; you have the option to enroll in (and pay for) Long-Term Disability benefits. If you enroll when first eligible you are able to purchase coverage for yourself without proof of good health. If you do not enroll when you're first eligible, you will need to submit proof of good health and be approved by Reliance Standard. Proof of good health is a quick questionnaire—asking basic questions like height, weight, date of birth, etc. Benefits are effective the first of the month after your coverage is approved. If you reside in a state that provides a Short-Term Disability benefit your state insurance pays your benefit first, followed by coverage through Central.

SHORT-TERM DISABILITY INSURANCE

AMOUNT OF BENEFIT	60% of weekly earnings, up to a maximum of \$1,750/week
WHO PAYS FOR COVERAGE?	Central Garden & Pet pays the full cost on your behalf
WAITING PERIOD (ELIMINATION PERIOD)	7 calendar days
MAXIMUM BENEFIT PERIOD	Recovery or up to 180 days, whichever is earlier

LONG-TERM DISABILITY INSURANCE

AMOUNT OF BENEFIT	60% of monthly pay, up to a maximum of \$15,000/month
WHO PAYS FOR COVERAGE?	You pay the full cost through after-tax payroll deductions, if you choose to enroll. Any benefit you receive from the plan will be tax-free.
WAITING PERIOD (ELIMINATION PERIOD)	Benefits begin after you have been receiving STD benefits for 180 days
MAXIMUM BENEFIT PERIOD	Until recovery or you reach Social Security normal retirement age, whichever comes first

RELiance STANDARD — LONG-TERM DISABILITY INSURANCE RATES PER \$100 OF COVERED PAYROLL

Age	<35	35-39	40-44	45-49	50-54	55+
Employee Rates	\$0.081	\$0.129	\$0.216	\$0.330	\$0.499	\$0.649

HOW TO CALCULATE YOUR LTD PREMIUM

1. Divide your monthly pay by 100.
2. Multiply this amount by the premium in the chart above to see your monthly cost.

EXAMPLE:

Rick is 40 years old and makes \$3,000 per month. Here's how he would figure his cost:

1. $\$3,000/100 = \30
2. $\$30 \times \$0.216 = \$6.48$ per month

WELLNESS PROGRAM

Central Garden & Pet is committed to your health and wellness! The free, confidential wellness program—delivered through EmpowerLinc—is available to all employees (and families), whether you are enrolled in a medical plan through Central Garden & Pet or not. Please take advantage of the resources available. They can help you understand your health, lower your risks, spend less money, and live a longer, better life.

VISIT THE CENTRAL GARDEN & PET WELLNESS PORTAL!

Centralwellness.net was created to help you make positive lifestyle changes, and empower you to take responsibility for your health. The site is updated on a regular basis and provides information about the resources available through our wellness partner, EmpowerLinc. You and your family have access to a resource for wellness news, tools, and ongoing motivation!



TALK WITH A HEALTH EDUCATOR

Central Garden & Pet's wellness program offers a holistic, body and mind approach to help you reach your physical and inner strength goals. We all have goals—let EmpowerLinc's professional Health Educators get you on track with your health and well-being. This free program is available to you and your family and offers programs like physical activity, nutrition, weight management, smoking and tobacco cessation, stress management, sleep hygiene, heart health, and prenatal wellness. Begin your wellness journey today by calling a health educator at **(888) 882-2109** or visit **centralwellness.net** and scroll down to find the link to the EmpowerLinc coaching portal.

MAKING PROGRESS? KEEP TRACK

Was the grilled chicken salad you had for lunch 400 calories or 800 calories? How many trips did you make to the vending machine? Did you meet your goal of going for a quick jog three days a week and lifting weights twice, or did life get in the way? Tracking what you eat and your daily exercise can help you see patterns in your routine, allowing you to adjust your behaviors and successfully live a healthier lifestyle. The EmpowerLinc portal offers a variety of health and wellness trackers to help you set a goal, track your progress and succeed. The online trackers available are for food, exercise and tobacco usage. Visit the "My Health Tools" section of **EmpowerLinc.com**.

FIRST TIME USER?

To get started on the EmpowerLinc coaching portal, visit **EmpowerLinc.com**. Find the "Click Here To Register" button at the bottom of the screen and then enter your company sponsor code (central). You will be asked to create a personal profile, including a username and password. From there, simply type your personal username and password each time you visit the site to access the web-based resources that are available within the program.

ADDITIONAL BENEFITS



MONITOR YOUR CHILD'S CREDIT REPORT

A child's Social Security number gives ID thieves a fraudulent "clean slate." Monitor your child's credit report as often as your own.

LEGAL SERVICES

Legal insurance provides access to a network of participating attorneys for help with a wide range of legal matters, such as:

- Court appearances
- Document review and preparation
- Debt collection defense
- Will and trust preparation
- Family law
- Real estate matters

For more information visit www.legaleaseplan.com/central or call (800) 248-9000.

LEGAL EASE	MONTHLY	BI-WEEKLY	WEEKLY
Employee + Family	\$15.97	\$7.37	\$3.69

IDENTITY THEFT INSURANCE

Digital thieves discover new ways to extract your personal information, open credit accounts in your name, sell your sensitive data on the dark web, and take over your financial accounts.

We offer comprehensive Identity Theft Insurance through Allstate Identity Protection that safeguards multiple gateways into your identity and credit. This benefit is voluntary and paid through convenient payroll deductions.

PROTECTION SERVICES INCLUDE:

- Credit Reports and Monitoring
- Court Records Monitoring
- Bank Account Takeover Monitoring
- Criminal Bookings Monitoring
- Credit Application Monitoring
- Sex Offender Monitoring
- Real Time Authorization Notifications
- Change of Address Monitoring
- Child Social Security Number Monitoring
- Full Service Identity Restoration Services
- Social Security Number Trace

ALLSTATE	MONTHLY	BI-WEEKLY	WEEKLY
Employee Only	\$9.95	\$4.59	\$2.30
Family	\$17.95	\$8.28	\$4.14

ADDITIONAL BENEFITS

We offer a variety of other benefits that give you options beyond health care and income protection.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Note: You do not need to elect this coverage during initial enrollment.

Central Garden & Pet offers the Employee Assistance Program (EAP) at no cost to you and your family members. The EAP is a source for support, resources, and information that can help you and your family successfully deal with life's many challenges. Employees and your eligible family members may call **(888) 881-5462** any time (day, night, weekends, and holidays) to ask for help with anything that may be impacting your job or personal life. Or register at supportlinc.com (code: central) to find a wealth of resources.

THE EAP IS:

- Confidential
- Easy to Access
- FREE

The EAP lines are staffed with licensed clinicians and skilled behavioral health care professionals who will assess your issues through a brief clinical assessment and refer you to a local licensed EAP provider if appropriate. The provider will then propose a treatment plan suitable to your needs.

The EAP gives you...

- **Immediate help during a crisis.** Get a quick and effective intervention when your emotional needs reach a critical point.
- **Access to local resources.** EAP counselors can direct you to sources in your community for information and assistance on a wide range of topics, including legal and financial expertise, child and elder care resources, and substance abuse support.
- **Tips and guidance for productive work and healthy families.** Working parent issues, handling conflict in the workplace and effective time management techniques are just a sampling of topics covered.
- **Access to in-person counseling.** If you need to meet with a counselor in person, you can get a referral for up to five face-to-face visits at no cost to you.
- **Technology at your fingertips.** eConnect mobile app is a secure counseling platform that provides 25 or 50-minute video, telephonic or web chat sessions with licensed behavioral health professionals—at a time and place convenient to you.

CALL (888) 881-5462 FOR HELP WITH ALL KINDS OF ISSUES, INCLUDING:

- Finding quality child care
- Help getting out of debt
- Steps to take when you lose a loved one
- Relationship issues at work or home
- Learning to manage your busy schedule



ADDITIONAL BENEFITS

LEAVES OF ABSENCE

State and federal leave administration is outsourced to Matrix Absence Management, a subsidiary of Reliance Standard. If you will be going on an approved leave, you will need to notify your manager and contact Matrix to file your claim. Matrix will work with you and your doctors to review your case, certify your claim, and manage your absence with the Company. If you have questions or want to initiate a claim, contact Matrix online at matrixservices.com or by phone at **(877) 202-0055**. Customer service representatives are available 24 hours a day, seven days a week.

PAID PARENTAL LEAVE PROGRAM

Welcoming a child into your home is an exciting and life-changing time, and it's important to us that our employees are better supported during this special time. We're proud to offer an enhancement to our existing leave programs that will help our colleagues as they embark on their new life as parents.

Central Garden & Pet will provide paid parental leave to employees following the birth of an employee's child or the placement of a child with an employee in connection with adoption. This policy will be in effect for births and adoptions occurring on or after January 1, 2024.

Employees can take time away from work without having to worry about satisfying medical necessity standards, how many hours they have in their time-off balance, or potential disruption to their regular earnings. To be eligible, employees must meet the following criteria:

- Be a full-time regular employee (temporary/seasonal employees, contractors and interns are not eligible for this benefit) who works 30 (thirty) or more hours per week.
- Be actively employed with the company a minimum of one calendar month.

In addition, employees must meet one of the following criteria:

- Be the legal parent of the newborn child.
- Have adopted a child aged 17 or younger. The adoption of a family member or a spouse's child is excluded from this policy.

PLAN FEATURES

- Eligible pregnant employees will receive a maximum of 6 (six) weeks of paid medical leave to recover from the birth of a child/children ("Childbirth-Related Medical Leave").
- Eligible employees will receive a maximum of 2 (two) weeks of paid leave to bond with their newborn or newly adopted child/children ("Bonding Leave" and, together with Childbirth-Related Medical Leave, "Parental Leave".)*
- Each week of paid Parental Leave is compensated at 100% (one hundred percent) of the employee's regular, straight-time weekly pay, after deductions for any simultaneously applicable federal/state/local paid leave program. Paid Parental Leave payments from Central Garden & Pet will be executed on the same basis (e.g., bi-weekly, weekly, monthly) as the employee's regularly scheduled pay dates.
- Paid Parental Leave must be taken in one continuous period, with any unused time forfeited upon returning to work.

*In the occurrence of a multiple birth or adoption (e.g., the birth of twins or adoption of siblings) total amount of Childbirth-Related Medical Leave or Bonding Leave granted for that event does not increase.

Employees must provide their supervisor and the human resource department with notice of the request for leave at least 30 (thirty) days prior to the proposed start date of the leave. The employee must contact Matrix Absence Management at matrixservices.com or **(877) 202-0055** to initiate this leave and provide all requested documentation.

ADDITIONAL BENEFITS

401(K) RETIREMENT PLAN

LET YOUR MONEY GROW WITHOUT LIFTING A FINGER

Central Garden & Pet offers eligible employees the Investment Growth Plan—a 401(k) savings plan—to help you plan for your future. You can contribute a percentage of your pay on a pre or post-tax basis. When you save in the plan, the Company adds to your savings through matching contributions. You control how your account is invested. Employees of General Pet continue to participate in their own 401(k) retirement plan.

PLAN FEATURES

- **Employer Match** – Central matches what you contribute to your account dollar-for-dollar up to the first 3% of pay. The match is executed quarterly in a company stock fund. You're fully vested in matching contribution at 5-years of service (20% per year).
- **Participation** – Employees may participate as of the first of the month following 3 calendar months of employment.
- **Rollover contributions** – You may roll over contributions to the plan from eligible qualified plans or a rollover IRA.
- **Loans** – You may request a loan from your account for any reason. The minimum amount is \$500. The maximum loan amount is the lesser of 50% of your vested account balance or \$50,000.
- **Withdrawals** – Withdrawals from your account generally begin at normal retirement age, 65, although early retirement withdrawals can begin as early as 59^{1/2}. You may also qualify for a hardship withdrawal after taking a loan.
- **Your account** – Visit the website at voya.com to receive detailed plan and investment information and track fund performance.

PET INSURANCE

Coverage for every member of the family. With Pet Insurance from Nationwide, you'll have peace of mind knowing you can get help with some of your pet's medical bills, including treatments, surgeries, lab fees, X-rays, prescriptions, and more. Domestic pets included and some exotic pets as well. Learn more about Pet Insurance from Nationwide at benefits.petinsurance.com/central.



ADDITIONAL BENEFITS

ADOPTION REIMBURSEMENT PROGRAM

Central Garden & Pet offers this benefit to help eligible employees who are building families with financial support to offset the expense of adopting a child. All regular full-time employees are eligible after 90-days of employment. Eligible adoption-related expenses will be reimbursed up to a maximum of \$2,000 per adopted child. Expenses directly related to the adoption are reimbursable (e.g., application fees, agency and placement fees, legal fees and court costs, immigration fees, or adoption counseling). Upon placement of the adopted child, submit receipts for applicable expenses to Human Resources (hrben@central.com). Reimbursements will be made after the adoption is finalized as evidenced by the adoption decree.

EDUCATION ASSISTANCE PROGRAM

The Education Assistance Program is designed to encourage professional development through outside study. Financial assistance is available for education related expenses to all full-time, regular salaried exempt and non-exempt employees. Our goal is to financially support an employee's pursuit of the enhanced skills and knowledge necessary to succeed at Central in their current and future roles.

This program applies to post-secondary education offered by accredited colleges, universities, and approved nationally recognized credentialing associations.

Courses can be reimbursed to the following maximums, per calendar year:

- Undergraduate level (associate's or bachelor's), certifications or individual courses: up to \$7,500
- Graduate level (master's or doctorate's): up to \$15,000

Restrictions and successful course completion applies. Contact Human Resources (EducationAssistance@central.com) for more information and how to apply. Employees of Green Garden are not eligible.

EMPLOYEE REFERRAL PROGRAM

The Employee Referral Program is designed to encourage our employees to help us find the next talented member of our team! All full-time and part-time regular status employees are eligible to participate in the Employee Referral Program, with the exception of Executive Leadership (VP and above), Talent Acquisition and Human Resources. Part-time, on-call, temporary, intern, seasonal or contractor position referrals are not eligible under this program. Referral bonus amounts are determined per the position of the referred employee as outlined below:

- \$500 Award: For regular, full-time hourly positions
- \$1,500 Award: For regular, full-time salaried positions
- \$3,000 Award: For senior management positions (Director-level positions and above)

Please be sure to direct the candidate to apply online at www.central.com and list you as the individual who referred them. Email the name of the referred candidate and the role they applied for to EmployeeReferral@central.com. The referral award is included in the employee's regular paycheck following the referred employees 90th day of employment with Central. Employees of Green Garden and D&D are not eligible.

CONTACT INFORMATION

BENEFIT	PROVIDER	PHONE NUMBER	WEBSITE/EMAIL
Medical	Anthem	(877) 800-3214	www.anthem.com/ca
Prescription Plan			
ConditionCare: Health Improvement Program		(800) 621-2232	
24-Hour Nurseline		(800) 700-9184	
LiveHealth Online		-	www.livehealthonline.com
Medical	Kaiser CA	(800) 464-4000	https://healthy.kaiserpermanente.org/health/care/signon
	Kaiser GA	(404) 261-2590 Metro Atlanta (888) 865-5813	https://thrive.kaiserpermanente.org/care-near-georgia?kp_shortcut_referrer=kp.org/georgia
Dental	Anthem	(877) 567-1804	anthem.com/ca
Vision	Vision Service Plan	(800) 877-7195	www.vsp.com
Flexible Spending Accounts (FSA)	HealthEquity	(866) 346-5800	www.healthequity.com
Health Savings Account (HSA)			
Short-Term Disability & FMLA Leaves	Matrix Absence Management	(877) 202-0055 24/7 claims intake	www.matrixeservices.com
Accident & Critical Illness Insurance	Reliance Standard	(800)-351-7500	www.reliancestandard.com
Life/AD&D and Long-Term Disability			
401(k) Savings Plan	Voya	(800) 584-6001	www.voya.com
Central Wellness Site	-	-	www.centralwellness.net
EmpowerLinc Wellness Program	CuraLinc Healthcare	(800) 882-2109	www.empowerlinc.com (company code: central)
SupportLinc Employee Assistance Program (EAP)		(888) 881-5462	www.supportlinc.com (company code: central)
ID Theft Protection	Allstate Identity Protection	(800) 789-2720	www.myaip.com
Legal Services	Legal EASE	(800) 248-9000	www.legaleaseplan.com/central
Pet Insurance	Nationwide	(877) 738-7874	benefits.petinsurance.com/central
Adoption Reimbursement Program	-	-	hrben@central.com
Education Assistance Program	-	-	EducationAssistance@central.com
Employee Referral Program	-	-	EmployeeReferral@central.com



QUESTIONS?

For more information, visit www.CentralBenefits.org or email hrben@central.com.

IMPORTANT NOTICES

ABOUT THIS GUIDE

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. Central Garden & Pet reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

REMINDER OF AVAILABILITY OF PRIVACY NOTICE

This is to remind plan participants and beneficiaries of the Central Garden & Pet Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and disclosed protected health information (PHI). You can obtain a copy of the Central Garden & Pet Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Central Garden & Pet, Human Resources
1340 Treat Blvd., Suite 600
Walnut Creek, CA 94597

If you have any questions, please contact the Central Garden & Pet Human Resources Office at **(925) 948-4000** or hrben@central.com.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

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 applicable to other medical and surgical benefits provided under this plan.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted and you will continue to pay the same amount as if you were not absent. If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact the Central Garden & Pet Human Resources Administrator for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service connected illnesses or injuries, as applicable.

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE Your Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Central Garden & Pet 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. Central Garden & Pet has determined that the prescription drug coverage offered by the Core & Buy Up Medical Plans through Anthem 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 Central Garden & Pet coverage WILL NOT be affected. If you do decide to join a Medicare drug plan and drop your current coverage you will not be allowed to re-enroll until the next open enrollment unless you have had a qualifying change in status.

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 coverage with Central Garden & Pet 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 19 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 Central Garden & Pet 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 for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.

Call **(800) MEDICARE ((800) 633-4227)** TTY users should call **(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: **(800) 772-1213** (TTY: **(800) 325-0778**)

Name of Entity/Sender: Central Garden & Pet Contact: Human Resources Admin.
Central Garden & Pet
Address: 1340 Treat Blvd., Suite 600,
Walnut Creek, CA 94597
Phone Number: **(925) 948-4000**

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).

YOUR ERISA RIGHTS

As a participant in the Central Garden & Pet benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated summary plan description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description governing the plan on the rules governing your COBRA continuation coverage rights.
- Reduce or eliminate exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have credible coverage from another plan. You should be provided a certificate of credible coverage, free of charge, from your group health plan or health insurance issuer when:
 - You lose coverage under the plan;
 - You become entitled to elect COBRA continuation coverage;
 - You request it up to 24 months after losing coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and

- Appeal any denial.

All of these actions must occur within certain time schedules. Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court.
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees. This should occur if the court finds your claim frivolous.

Assistance with Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website:

<https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>

Or you may write to the:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee and Employer Hotline of the Employee Benefits Security Administration at:

(866) 275-7922. You may also visit the EBSA's web site on the Internet at: <https://www.dol.gov/ebsa>.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage.

It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Central Garden & Pet Human Resources or COBRA Administrator.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. Any qualified beneficiary who does not elect COBRA within the 60-day election period specified in the election notice will lose his or her right to elect COBRA. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For

example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of the date of the Social Security Administration's disability determination; the date of the covered employee's termination of employment or reduction in hours; and the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction in hours. You must also provide this notice within 18 months after the covered employee's termination or reduction in hours in order to be entitled to this extension. You must provide the notice by Central Garden & Pet Human Resources or COBRA Administrator.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of

36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Other Coverage Options

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period."

Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

For further information regarding the plan and COBRA continuation, please contact:

Health Equity
(866) 346-5800
www.healthequity.com

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 **(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 **(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, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <https://www.myalhipp.com/>
 Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
 Website: <https://www.myakhipp.com/>
 Phone: 1-866-251-4861
 Email: CustomerService@MyAKHIPP.com
 Medicaid Eligibility: <https://www.dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <https://www.myarhipp.com/>
 Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
 Website: <http://dhcs.ca.gov/hipp>
 Phone: 1-916-445-8322
 Fax: 1-916-440-5676
 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
 Health First Colorado Member Contact Center:
 1-800-221-3943/ State Relay 711
 CHP+: <https://www.colorado.gov/pacific/hcpf/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=

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
 Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
 Phone: 1-678-564-1162, Press 1
 GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
 Phone: 1-678-564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
 Website: <http://www.in.gov/fssa/hip/>
 Phone: 1-877-438-4479
 All other Medicaid
 Website: <https://www.in.gov/medicaid/>
 Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
 Medicaid Phone: 1-800-338-8366
 Hawki Website: <http://dhs.iowa.gov/Hawki>
 Hawki Phone: 1-800-257-8563
 HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
 HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
 Phone: 1-800-792-4884
 HIPP Phone: 1-800-967-4660

KENTUCKY – 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: KIHIPPPROGRAM@ky.gov
 KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
 Phone: 1-877-524-4718
 Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

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

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
 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

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
 Phone: 1-800-862-4840
 TTY: 711
 Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>
 Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <https://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
 Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
 Phone: 1-800-694-3084
 Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <https://www.ACCESSNebraska.ne.gov>
 Phone: (855) 632-7633
 Lincoln: (402) 473-7000
 Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <https://www.dhcfp.nv.gov>
 Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
 Phone: 1-603-271-5218
 Toll free number for the HIPP program:
 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<https://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Medicaid Phone: 609-631-2392
 CHIP Website: <https://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
 Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
 Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
 Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <https://www.insureoklahoma.org>
 Phone: 1-888-365-3742

OREGON – Medicaid

Website:
<https://www.healthcare.oregon.gov/Pages/index.aspx>
<https://www.oregonhealthcare.gov/index-es.html>
 Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
 CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
 CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <https://www.eohhs.ri.gov/>
 Phone: 855-697-4347, or 401-462-0311 (Direct Rtte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
 Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <https://www.dss.sd.gov>
 Phone: 1-888-828-0059

TEXAS – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://www.medicaid.utah.gov/>
 CHIP Website: <https://www.health.utah.gov/chip>
 Phone: 1-877-543-7669

VERMONT – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
 Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

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 Phone: 1-800-432-5924
 CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
 Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
 Medicaid Phone: 1-304-558-1700
 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447))

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
 Phone: 1-800-362-3002

WYOMING – Medicaid

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, 2023, 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



NOTE: This guide summarizes the key features of your benefit plans. Please refer to the plan documents for exact terms and conditions of coverage. If any conflict ever arises between this guide and the official plan documents, the terms of the actual plan documents or other applicable documents will apply in all cases. Central Garden & Pet reserves the right to change, modify, or terminate the benefit plans at any time. This guide is not a contract for purposes of employment or payment of benefits.