Required Benefits Notices

This brochure contains legal notices that are required to be distributed to participants in the benefit plans sponsored by the Sazerac Company, Inc. (Sazerac). Refer to your Summary Plan Descriptions (SPDs) for more information about your benefits, including other required notices.

Share these notices with your covered family members and keep them with your other benefit plan information. If you have any questions about the notices, call **My Sazerac Rewards** at **888-850-1772**.

This brochure presents a summary of laws that may affect your health care coverage under Sazerac's group benefit plans. It is not intended as a complete description of these laws or as a description of your benefits. Although every effort has been made to ensure that information in this brochure is accurate, the provisions of the legal documents that describe the benefits will govern in the case of any discrepancy.

SUMMARY ANNUAL REPORT
For Sazerac Company

This is a summary of the annual report of the Sazerac Company, EIN 72-0310180, Plan No. 501, for period 01/01/2023 through 12/31/2023. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Sazerac Company has committed itself to pay certain self-insured Medical, Prescription Drug, and Short-term Disability claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with Anthem Health Plans of Kentucky, Inc., Delta Dental of Kentucky, Hartford Life and Accident, American Heritage Life Insurance Company, Health Advocate Solutions Inc., University Health Alliance to pay Medical, Prescription Drug, Dental, Vision, Life Insurance, Short-term Disability, Long-term Disability, Accidental Death and Dismemberment, Employee Assistance Program, Critical Illness, and Accident claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2023 were $5,668,041.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2023, the premiums paid under such "experience-rated" contracts were $1,917,997 and the total of all benefit claims paid under these contracts during the plan year was $1,404,782.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Sazerac Company at 10101 Linn Station Road, Suite 400, Louisville, KY, 40223 or by telephone at 888-850-1772.

You also have the legally protected right to examine the annual report at the main office of the plan (Sazerac Company, 10101 Linn Station Road, Suite 400, Louisville, KY, 40223) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)

Medicare Part D

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. See page 5 for more details.

Women's Health and Cancer Rights Act Notice

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. If you would like more information on WHCRA benefits, call My Sazerac Rewards at 888-850-1772.

Newborns' and Mothers' Health Protection Act Notice

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call My Sazerac Rewards at 888-850-1772.

Notice of Special Enrollment Rights for Health Plan Coverage

If you have declined enrollment in Sazerac's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next annual enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, establishing a domestic partnership, birth, adoption or placement for adoption or foster care, you may be able to enroll yourself and your newly eligible dependents, provided that you request enrollment within 30 days after the marriage, formation of domestic partnership, birth, adoption or placement.

Sazerac will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days –instead of 30– from the date of the Medicaid/CHIP eligibility change to request enrollment in the Sazerac group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage. You may not change to another health plan.

HIPAA Privacy Notice

To the extent that Sazerac's group health plans contain benefits other than those covered under the privacy rules issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice pertains only to those healthcare benefits that are covered under HIPAA's privacy rules.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Joint Notice of Privacy Practices

While protecting the confidentiality of your personal medical information has always been an important priority of Sazerac's health plans, the Plans have adopted policies to safeguard the privacy of your medical information held by the Plans and to comply with federal law. The Plans are required by HIPAA to protect the privacy of certain individual health information (referred to in this notice as "Protected Health Information") and to notify you of a breach of your Protected Health Information, if any, as HIPAA mandates. The notice explains how your Protected Health Information may be used and what rights you have regarding this information. We also are required to provide you with this notice regarding the Plans' legal duties and policies and procedures on your Protected Health Information. We will abide by the terms of this notice; however, it may be updated periodically.

Note: If you are covered by an insured health option under the Plans, you will also receive a separate notice from your insurer. That notice will apply to the insurer's privacy practices.

When the Group Health Plan May Use Your Information

To manage the Plans effectively, we are permitted by law to use and disclose your Protected Health Information in certain ways without your authorization as described below:

- **For treatment.** We may use or disclose Protected Health Information for treatment purposes, for example, by furnishing information to providers for your medical care and the coordination and management of that care.
- **For payment.** To make sure that claims are paid accurately, and you receive the correct benefits, we may use and disclose your Protected Health Information to determine Plan eligibility and responsibility for coverage and benefits. For example, we may use and disclose your Protected Health Information to process claims or to request reimbursement from an insurer that may be responsible for payment. We may also use your Protected Health Information for utilization review activities.
- **For healthcare operations.** To ensure efficient Plan operations, we may use and disclose your Protected Health Information in several ways, including Plan administration, management and design, including quality assessment and improvement and vendor review activities. Your information could be used, for example, to assist in the evaluation of a vendor who supports us or for underwriting and related purposes. However, no Protected Health Information that is genetic information will be used for underwriting.

We also may contact you to provide information about treatment alternatives or other health-related benefits and services available under a Plan.

The Plans contract with other businesses and individuals for certain Plan administrative services. Each of these business associates may obtain, create, maintain, use and disclose your Protected Health Information for purposes of performing services for or on behalf of the Plans as long as the business associate agrees in writing to protect the privacy of your information and meet certain other specified requirements. Certain business associates may also use and disclose Protected Health Information for their own management, administration and legal responsibilities.

The Plans collectively constitute an organized healthcare arrangement under HIPAA and will share Protected Health Information with each other as necessary to carry out treatment, payment or healthcare operations relating to the organized healthcare arrangement. We, and any health insurance issuer with respect to the Plans, may disclose your Protected Health Information to Sazerac Company, the Plan Sponsor, without your authorization for Plan administration purposes.

We, along with applicable health insurance issuers, may also share enrollment and disenrollment information with the Plan Sponsor. For specified Plan purposes, such as amending the Plan or seeking bids from health insurers, we and these issuers may furnish information that includes very limited identifiers (such as ZIP codes) to the Plan Sponsor.

In most situations, reasonable measures will be taken to limit the use and disclosure of Protected Health Information to the individuals who need it and to the amount of information necessary to perform a particular function. If individually identifiable information is appropriately removed from the Protected Health Information, the non-identifiable information may be used or disclosed without authorization.

Other Permitted Uses and Disclosures

Federal regulations allow us to use and disclose your Protected Health Information, without your authorization, for several additional purposes, in accordance with applicable law and procedures:

- In certain situations, for example, where you are unable to give your consent, to a family member, close friend or the other person who is involved with your care, including your legal representative
- To a coroner, funeral director, or organ or tissue donation representative
- For research purposes, as long as certain privacy-related standards are satisfied
- Public health purposes
- Reporting and notification of abuse, neglect or domestic violence
- Health oversight activities by governmental agencies as authorized by law
- Judicial and administrative proceedings
- Law enforcement
- To avert a serious threat to health or safety
- Specialized government functions (e.g., military and veterans' activities, national security and intelligence)
- Workers' compensation or similar programs to the extent necessary to comply with state law
- To report conduct by the Plan that is unlawful, violates professional standards or poses a danger
- Other purposes required by law, provided that the use or disclosure is limited to the relevant requirement of such law

Except as HIPAA narrowly provides, your authorization will also be required for the use or disclosure of Protected Health Information for marketing purposes, for the sale of Protected Health Information and for uses and disclosures of psychotherapy notes, if any, maintained by the plan.

We will make uses and disclosures of Protected Health Information not described in this notice only after you authorize them in writing on a form that meets prescribed requirements.

When the Group Health Plan Must Use Your Protected Health Information

A Group Health Plan must:

- Disclose your Protected Health Information to you or your personal representative within the legally specified period following a request; and
- Make your Protected Health Information available to the U.S. Department of Health and Human Services when it requests information relating to the privacy of Protected Health Information in the Plans.

Your Rights Regarding Protected Health Information

You have the following rights with respect to your Protected Health Information that the Plans maintain:

- Review or obtain copies of your Protected Health Information. The Plans use a number of vendors to help administer the Plans. As a result, most of your Protected Health Information is maintained by these vendors. To access your Protected Health Information, please contact the vendor(s) associated with your healthcare program or call My Sazerac Rewards at 888-850-1772. In certain situations, your request may be denied. Protected Health Information that the Plans maintain electronically will be provided to you in the form that you request (if any), if it can be readily produced in that form. A request to send your Protected Health Information to another person will also be accommodated if you provide a clear, written, signed designation with appropriate information.

- Amend or correct certain records if you believe the information is inaccurate or incomplete.
- Receive an accounting of certain disclosures of your information made by the Plan.
- Receive a paper copy of this notice, even if you agreed to receive it electronically. A fee may be charged for the costs of copying and mailing your requested information.

Within 60 days of receiving a written request for information, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests.

Right to Request Restrictions

You may ask us to restrict the way in which the Plan uses and discloses your Protected Health Information as we carry out payment, treatment or healthcare operations. In most situations, we are not required to agree to your request. Please note that the insurance carriers and other Plan vendors maintain almost all of the Protected Health Information relating to the Plans. Sazerac Company, the Plan Sponsor, maintains very little Protected Health Information.

Right to Request Confidential Communications

You may request that you receive your Protected Health Information by alternative means if you reasonably believe that other disclosure could pose a danger to you. For example, you may only want to have information sent by mail or to an address other than your home. You may exercise any of these rights by sending your request to the HIPAA Unit in writing at the address listed below.

Complaints

If you believe that your privacy rights have been violated, you may file a written complaint. Direct your complaint to the HIPAA Unit at the address listed below. You may also file a complaint with the Secretary of Health and Human Services. Federal law prohibits retaliation against any employee for filing a complaint.

About This Notice

This notice is effective October 1, 2024.The Plan must abide by the terms of the privacy notice currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all Protected Health Information we maintain. We will provide you with a copy of the new notice (or notice of the revisions) whenever we make a material change to the privacy practices described in this notice.

HIPAA Unit

To exercise your rights described in this notice, you must send the request or complaint in writing to the address below. If you have any questions about this notice, please contact the office identified below.

Sazerac Company
HIPAA Unit (Benefits)
10101 Linn Station Rd, Suite 400
Louisville, KY 40223

888-850-1772

To Contact the Federal Government if You Want to Make a Complaint or Inquiry:

You may contact the Secretary of the U.S. Department of Health and Human Services, or you may write to the regional office of the U.S. Department of Health and Human Services.

Notice of Creditable Coverage

Important Notice to Employees from Sazerac Company About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Sazerac medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2025. This is known as "creditable coverage."

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2025 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Notice of Creditable Coverage

Please read this notice carefully. It has information about prescription drug coverage with Sazerac and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare's prescription drug coverage (called Part D) and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by a Sazerac U.S. Medical Plan option (Anthem PPO High, Anthem PPO Low, Anthem Classic HDHP or Anthem Value HDHP), you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2025. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Sazerac plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Sazerac coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the Sazerac plan mid-year, assuming you remain eligible.

You should know that if you drop or lose coverage with Sazerac and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Sazerac coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number) or visit the program online at https://www.shiptacenter.org/.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Benefits Plan Administrator
10101 Linn Station Rd, Suite 400
Louisville, KY 40223

888-850-1772

Dated: Oct 1, 2024

Wellness Program Disclosure

The Sazerac Company's wellness program is a voluntary wellness program available to team members enrolled in a Sazerac medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment ("HRA") or personal health profile ("PHP") that may ask questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA/PHP, nor are you required to participate in a blood test or other medical examinations to earn rewards in the wellness program.

However, employees who choose to participate in the wellness program will receive a financial incentive for various wellness-related activities. Although you are not required to complete the HRA/PHP or participate in the biometric screening, only employees who do so will receive the incentive for those components.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Health Advocate at 855-799-2691.

The information from your HRA or PHP and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching or nicotine replacement therapy. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Sazerac may use aggregate information it collects to design a program based on identified health risks in the workplace, the Sazerac Company wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) Health Advocate, the third-party Wellness Provider, and their health coaches to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact My Sazerac Rewards at 888-850-1772.

Health Insurance Marketplace Coverage Options and Your Health Coverage

Part A: General information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.02% for 2025 of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.02% for 2025 of the employee's household income.[1]

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on

your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How can I get more information?

For more information about your coverage offered by Sazerac, please check your summary plan description or contact Sazerac Benefits at benefits@sazerac.com or call (888) 850-1772.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

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

1. Employer name:	**Sazerac Company**	2. Employer Identification Number (EIN):	**72-0310180**		
3. Employer address:	**10101 Linn Station Rd, Suite 400**	4. Employer phone number:	**888-850-1772**		
5. City:	**Louisville**	6. State:	**KY**	7. Zip Code:	**40223**
8. Who can we contact about employee health coverage at this job:	**Sazerac Benefits**				
9. Phone number (if different from above)		10. Email address:	**benefits@sazerac.com**		

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

As Sazerac, we offer a health plan to:

☐ **All employees.**

☑ **Some employees.** Eligible team members are those U.S. team members regularly working 30 or more hours per week.

With respect to dependents:

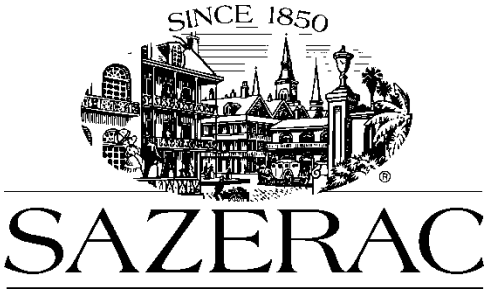
☑ **We offer coverage.** Eligible dependents are: Spouse, Domestic Partners, Child(ren), Domestic Partner's Child(ren), and Stepchild(ren).

☐ **We do not offer coverage.**

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on team member wages.

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

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



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

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

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

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

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

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

State	Website	Phone
Alabama	**Medicaid:** https://www.medicaid.alabama.gov **HIPP:** https://www.myalhipp.com	800-362-1504 855-692-5447
Alaska	**Medicaid:** https://health.alaska.gov/dpa/Pages/default.aspx **CHIP:** https://health.alaska.gov/dpa/Pages/dkc/default.aspx **HIPP:** http://myakhipp.com **Email:** CustomerService@MyAKHIPP.com	800-478-7778 800-543-7669 866-251-4861
Arizona	**Medicaid:** http://www.azahcccs.gov **CHIP:** https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.html	855-432-7587
Arkansas	**Medicaid:** https://humanservices.arkansas.gov **CHIP:** https://humanservices.arkansas.gov/about-dhs/dms/ar-kids **HIPP:** http://myarhipp.com	800-482-8988 888-474-8275 855-692-7447
California	**Medicaid:** https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx **HIPP:** http://dhcs.ca.gov/hipp **Email:** hipp@dhcs.ca.gov	888-452-8609 916-445-8322 Fax: 916-440-5676

State	Website	Phone
Colorado	**Medicaid:** https://www.healthfirstcolorado.com **CHIP:** https://hcpf.colorado.gov/child-health-plan-plus **HIPP:** https://www.mycohibi.com	800-221-3943 800-359-1991 855-692-6442
Connecticut	**Medicaid and CHIP:** https://portal.ct.gov/husky	855-805-4325
Delaware	**Medicaid:** https://dhss.delaware.gov/dhss/dmma/medicaid.html **CHIP:** https://dhss.delaware.gov/dhss/dmma/dhcp.html	866-843-7212 800-996-9969
Florida	**Medicaid:** https://www.myflfamilies.com/medicaid **CHIP:** https://www.floridakidcare.org **HIPP:** https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html	866-762-2237 888-540-5437 877-357-3268
Georgia	**Medicaid:** https://medicaid.georgia.gov **CHIP:** https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra **HIPP:** https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp	877-423-4746 678-564-1162, press 2 678-564-1162, press 1
Hawaii	**Medicaid and CHIP:** https://medquest.hawaii.gov	808-524-3370 (Oahu) 800-316-8005 (others)
Idaho	**Medicaid:** https://healthandwelfare.idaho.gov/services-programs/medicaid-health **CHIP:** https://healthandwelfare.idaho.gov/services-programs/medicaid-health/about-medicaid-children	877-456-1233
Illinois	**Medicaid:** https://www.illinois.gov/hfs/MedicalClients/pages/default.aspx **CHIP:** https://www.illinois.gov/hfs/MedicalPrograms/AllKids	800-843-6154 866-255-5437
Indiana	**Medicaid:** https://www.in.gov/medicaid **Healthy Indiana Plan:** http://www.in.gov/fssa/hip (for low-income adults 19-64)	800-457-4584 877-438-4479
Iowa	**Medicaid:** https://dhs.iowa.gov/ime/members **CHIP:** https://dhs.iowa.gov/hawki **HIPP:** https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp	800-338-8366 800-257-8563 888-346-9562
Kansas	**Medicaid and CHIP:** https://www.kancare.ks.gov **HIPP:** https://www.kancare.ks.gov	800-792-4884 800-967-4660
Kentucky	**Medicaid:** https://chfs.ky.gov/agencies/dms **CHIP:** https://kidshealth.ky.gov **HIPP:** https://chfs.ky.gov/agencies/dms/member/pages/kihipp.aspx **Email:** kihipp.program@ky.gov	855-306-8959 877-524-4718 855-459-6328
Louisiana	**Medicaid:** http://www.medicaid.la.gov **CHIP:** http://www.ldh.la.gov/index.cfm/page/222 **HIPP:** http://www.ldh.la.gov/lahipp	888-342-6207 877-252-2447 855-618-5488
Maine	**Medicaid:** https://www.mymaineconnection.gov/benefits/s/?language=en_US **CHIP:** https://www.maine.gov/dhhs/oms/mainecare-options/children **Private Health Insurance Premium:** https://www.maine.gov/dhhs/ofi/applications-forms	800-442-6003 855-797-7357 800-977-6740
Maryland	**Medicaid and CHIP:** https://health.maryland.gov/mmcp	855-642-8572
Massachusetts	**Medicaid and CHIP:** https://www.mass.gov/topics/masshealth **HIPP:** https://www.mass.gov/info-details/masshealth-premium-assistance-pa **Email:** masspremassistance@accenture.com	800-862-4840
Michigan	**Medicaid and CHIP:** https://www.michigan.gov/medicaid	888-367-6557
Minnesota	**Medicaid:** https://mn.gov/dhs/ma	800-657-3739
Mississippi	**Medicaid:** https://medicaid.ms.gov **CHIP:** https://medicaid.ms.gov/programs/childrens-health-insurance-program-chip	800-421-2408 800-884-3222
Missouri	**Medicaid:** https://mydss.mo.gov/healthcare **CHIP:** https://www.mo.gov/health/childrens-health **HIPP:** http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	855-373-4636 800- 573-751-2005

State	Website	Phone
Montana	**Medicaid:** https://dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices **CHIP:** https://dphhs.mt.gov/HMK **HIPP:** http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP **Email:** HHSHIPPProgram@mt.gov	888-706-1535 800-694-3084 800-694-3084
Nebraska	**Medicaid:** http://www.AccessNebraska.ne.gov **CHIP:** https://dhhs.ne.gov/pages/Medicaid-Eligibility.aspx **HIPP:** https://dhhs.ne.gov/pages/Health-Insurance-Premium-Payment.aspx	855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada	**Medicaid:** http://dhcfp.nv.gov **HIPP:** https://dhcfp.nv.gov/Pgms/CPT/HIPP	800-992-0900
New Hampshire	**Medicaid:** https://www.dhhs.nh.gov/programs-services/medicaid **HIPP:** /www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program **Email:** DHHS.ThirdPartyLiabi@dhhs.nh.gov	603-271-5218 800-852-3345, ext 15218
New Jersey	**Medicaid:** https://www.state.nj.us/humanservices/dmahs/clients/medicaid **CHIP:** http://www.njfamilycare.org	609-631-2392 800-701-0710
New Mexico	**Medicaid:** https://www.hsd.state.nm.us	855-637-6574
New York	**Medicaid:** https://www.health.ny.gov/health_care/medicaid/ **CHIP:** https://www.health.ny.gov/health_care/child_health_plus	800-541-2831 800-698-4543
North Carolina	**Medicaid:** https://medicaid.ncdhhs.gov **HIPP:** https://medicaid.ncdhhs.gov/beneficiaries/get-started/find-programs-and-services/health-insurance-premium-payment-program	888-245-0179 919-855-4100
North Dakota	**Medicaid:** https://www.hhs.nd.gov/healthcare **CHIP:** https://www.hhs.nd.gov/healthcare/CHIP	844-854-4825
Ohio	**Medicaid:** https://medicaid.ohio.gov **CHIP:** https://medicaid.ohio.gov/about-us/medicaid-state-plan/chip	800-324-8680
Oklahoma	**Medicaid:** https://oklahoma.gov/ohca/individuals/mysoonercare/about-soonercare.html **CHIP:** https://oklahoma.gov/ohca/individuals/mysoonercare/about-soonercare.html **HIPP:** http://www.insureoklahoma.org	888-365-3742
Oregon	**Medicaid and CHIP:** http://healthcare.oregon.gov/pages/index.aspx **HIPP:** https://www.oregon.gov/DHS/business-services/OPAR/pages/tpl-hipp.aspx	800-699-9075 503-378-6233
Pennsylvania	**Medicaid:** https://www.dhs.pa.gov/services/assistance/pages/medical-assistance.aspx **CHIP:** https://www.dhs.pa.gov/chip/pages/chip.aspx **HIPP:** https://www.dhs.pa.gov/services/assistance/pages/HIPP-program.aspx	866-550-4355 800-986-5437 800-692-7462
Rhode Island	**Medicaid and CHIP:** http://www.eohhs.ri.gov	855-697-4347 401-462-0311
South Carolina	**Medicaid and CHIP:** https://www.scdhhs.gov **HIPP:** https://www.scdhhs.gov/health-insurance-premium-payment-hipp	888-549-0820 888-289-0709
South Dakota	**Medicaid:** http://dss.sd.gov/medicaid	888-828-0059
Tennessee	**Medicaid and CHIP:** https://www.tenncareconnect.tn.gov	855-259-0701
Texas	**Medicaid and CHIP:** https://hhs.texas.gov/services/health/medicaid-chip **HIPP:** https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	800-252-8263 800-440-0493
Utah	**Medicaid:** https://medicaid.utah.gov **CHIP:** https://health.utah.gov/chip **HIPP:** https://medicaid.utah.gov/upp	800-662-9651 877-543-7669 888-222-2542
Vermont	**Medicaid:** https://dvha.vermont.gov/members **HIPP:** https://dvha.vermont.gov/members/medicaid/hipp-program	800-250-8427
Virginia	**Medicaid:** https://www.coverva.org **CHIP:** https://www.coverva.org/en/famis **HIPP:** https://coverva.org/en/hipp	833-522-5582 855-242-8282 800-432-5924

State	Website	Phone
Washington	**Medicaid and CHIP:** https://www.hca.wa.gov/about-hca/apple-health-medicaid **HIPP:** https://www.hca.wa.gov/health-care-services-supports/program-administration/premium-payment-program	800-562-3022
West Virginia	**Medicaid:** https://www.dhhr.wv.gov/bms **CHIP:** https://chip.wv.gov **HIPP:** https://mywvhipp.com	304-558-1700 877-982-2447 855-699-8447
Wisconsin	**Medicaid:** https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm **HIPP:** https://www.dhs.wisconsin.gov/badgercareplus/hipp.htm	800-362-3002
Wyoming	**Medicaid and HIPP:** https://health.wyo.gov/healthcarefin/medicaid **CHIP:** https://health.wyo.gov/healthcarefin/CHIP	800-251-1269 855-294-2127

Note: This list is accurate as of July 31, 2024. Certain phone numbers may be unavailability if you are calling from outside of the state's location. To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
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