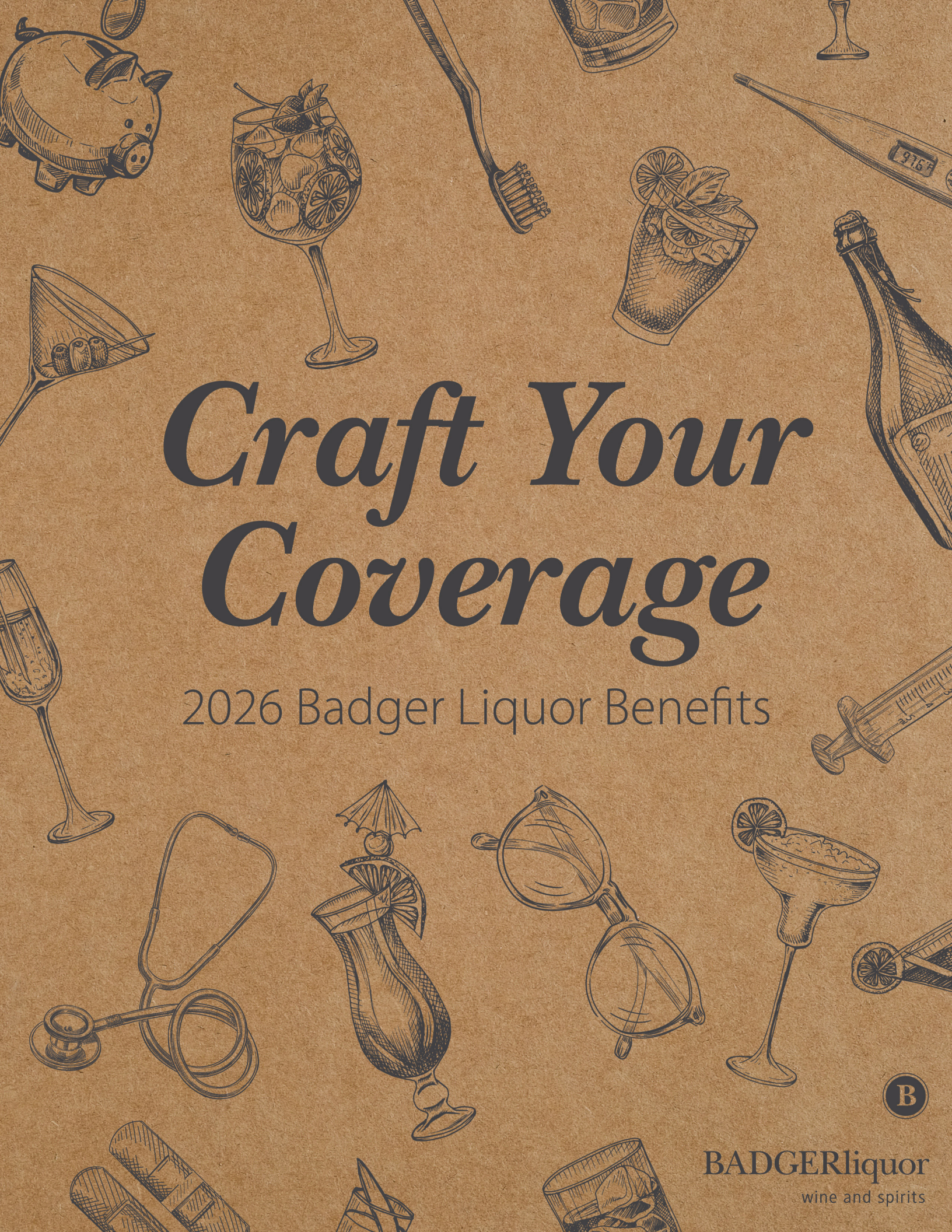


Craft Your Coverage

2026 Badger Liquor Benefits

BADGERliquor
wine and spirits

OUR MISSION & VALUES

Our Mission

Family owned and operated in Wisconsin for generations, Badger Liquor sells and delivers the world's best wine and spirits with exceptional customer service by a dedicated team of industry leaders.

Our Values

We Achieve Great Things by Working Together

Our business is about relationships and teamwork with our suppliers, our customers, within our departments and within every facet of our business. We respect one another, seek to understand each other and know the value each person brings to our business.

We Think Confidently, Push Limits and Continue to Improve

We are THE liquor and wine business in Wisconsin. We live it, own it and deliver it. We don't rest on our legacy, we stay current and constantly push innovation, risk and stay adaptive to change.

We Take Responsibility and Achieve Results

We create strong, lasting relationships with our suppliers and get to know the ins and outs of each customer's business. By doing this, we are able to provide our customers the best products in the world with superior service.

CONTACTS

MEDICAL
UMR
1.800.826.9781
www.umr.com

MEDICAL PLAN ADVOCACY
Garner
1.866.761.9586
garner.guide/start

PRESCRIPTIONS (Rx)
CVS Caremark®
1.800.552.8159
caremark.com

SAMARITAN FUND PROGRAM
1.866.764.9290
samaritanfundprogram.com

PHYSICAL THERAPY
ATI Physical Therapy
1.855.561.2890
www.atipt.com

DENTAL
Delta
1.800.236.3712
www.deltadentalwi.com

DENTAL
CarePlus
1.888.295.9126
www.careplusdentalplans.com

VISION
Superior Vision
1.800.507.3800
www.superiorvision.com

HEALTH SAVINGS ACCOUNT (HSA)
Lively / BMO
1.888.576.4837
livelyme.com

FLEXIBLE SPENDING ACCOUNT (FSA)
Diversified Benefit Services Inc.
1.800.234.1229
www.dbsbenefits.com

LIFE INSURANCE / AD&D
The Standard
1.888.937.4783
standard.com/contact-us

ACCIDENT INSURANCE
The Standard
1.888.937.4783
standard.com/contact-us

SHORT TERM DISABILITY
The Standard
1.888.937.4783
standard.com/contact-us

LONG TERM DISABILITY
The Standard
1.888.937.4783
standard.com/contact-us

EMPLOYEE ASSISTANCE PROGRAM
BHS
1.800.327.2251
portal.BHSonline.com

401(k) SAVINGS PLAN
Park Capital Management
1.608.440.8608
parkcapitalmgt.com

Questions? Don't hesitate to reach out!
benefits@badgerliquor.com

The information described within this guide is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications of coverage. Please review your Summary Plan Description (SPD) for a complete explanation of your benefits. If the benefits described herein conflict in any way with the Summary Plan Description (SPD), the Summary Plan Description (SPD) will prevail. You can obtain a copy of the Summary Plan Description from the Human Resources Department or via our employee portal (SharePoint) under the Human Resources section.

Table of Contents

Your Medicare Part D Notice is on Page 28 of this booklet. Some other key notices include CHIPRA, HIPAA Privacy, and Notice of Coverage Options (Marketplace Notice). If you have any questions, please reach out to Kelli Cameron, Chief People Officer, kcameron@badgerliquor.com, 920.923.8160, 850 Morris Street, Fond du Lac, WI.

The information described within this guide is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications of coverage. Please review your Summary Plan Description (SPD) for a complete explanation of your benefits. If the benefits described herein conflict in any way with the Summary Plan Description (SPD), the Summary Plan Description (SPD) will prevail. You can obtain a copy of the Summary Plan Description from the Human Resources Department or via our employee portal (SharePoint) under the Human Resources section.

2026 Benefit Overview

Benefits Offered

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Health Savings Account
- Flexible Spending Account
- Limited Flexible Spending Account
- Dependent Care Flexible Spending Account
- Life and AD&D Insurance
- Short and Long-Term Disability
- Accident Insurance
- Physical Therapy

Employee Eligibility

If you are a full-time employee, (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. The following family members are eligible for benefit coverage: Employees, Employee's Spouse and Dependent Children (to age 26). New employees become eligible for benefits on the first day of the month following 60 days of employment. If you leave the company, your benefits will end on your last day of work.

2026 Benefit Rates

Medical – Option 1: PPO – Traditional Plan

Coverage Level	Badger Pays (Bi-Weekly)	Employee Pays (Bi-Weekly)
Single	$271.54	$130.69
Employee + Spouse	$570.25	$274.45
Employee + Child(ren)	$461.63	$222.18
Family	$794.95	$382.60

Medical – Option 2: High Deductible Health Plan (HDHP)
*Amounts do NOT include annual HSA contribution

Coverage Level	Badger Pays (Bi-Weekly)	Employee Pays (Bi-Weekly)
Single	$249.20	$92.52
Employee + Spouse	$523.30	$194.29
Employee + Child(ren)	$423.63	$157.28
Family	$729.50	$270.85

Dental – Option 1: Delta Dental

Coverage Level	Bi-Weekly
Single	$13.57
Employee + Spouse	$27.68
Employee + Child(ren)	$33.44
Family	$54.83

Dental – Option 2: CarePlus

Coverage Level	Bi-Weekly
Single	$11.12
Employee + Spouse	$22.68
Employee + Child(ren)	$27.58
Family	$45.18

Vision

Coverage Level	Bi-Weekly
Single	$4.67
Employee + Spouse	$7.94
Employee + Child(ren)	$8.41
Family	$12.91

Accident Insurance

Coverage Level	Bi-Weekly
Single	$2.12
Employee + Spouse	$3.05
Employee + Child(ren)	$3.39
Family	$4.32

How to Enroll During Open Enrollment

1. Go to https://badger.ultipro.com or click on the UKG icon on a Badger Liquor computer.

   Note: *Employees are not able to complete open enrollment off their smart phone; you must use a computer or laptop to complete open enrollment in UKG.*
2. Enter your Badger Liquor email address and click **Next**.
3. Enter your password and click **Sign in**.

   Note: *This is the same password you use to access your computer and email.*
4. Click on **Myself** > **Open Enrollment** in the toolbar on the left.
5. Select the **2026 Open Enrollment** link to begin making your 2026 benefit elections.
6. Click **Next** in the on the top right corner of each page to navigate through each benefit section. The first section will ask you to verify your beneficiary and dependent information.
7. Click **Next** on the top right corner to move to the next benefit. You are required to make an election for every benefit (by either enrolling or waiving the benefit).
8. The summary page provides a preview of the benefits you elected for 2026 and compares it to the benefits in which you are currently enrolled. If you missed enrolling or waiving any benefits, an error message will appear at the top of the summary page. Once you confirm your benefit elections are correct, click **Submit** on the top of the page.

When to Enroll

Open enrollment runs from October 15-31, 2025. The benefits you elect during open enrollment will be effective January 1 through December 31, 2026.

New employees will receive enrollment instructions the month prior to their enrollment. The benefits you elect during your new enrollment will be effective through December 31, 2026.

Note: *Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status (see the next page for more information).*

ALL EMPLOYEES MUST REVIEW AND CONFIRM THEIR BENEFITS, REGARDLESS OF WHETHER THEY MAKE CHANGES TO THEIR CURRENT ENROLLMENTS OR CHOOSE TO WAIVE THEIR BENEFITS.

Changing Your Benefits After a Life Event

Once your benefit elections become effective, they remain in effect until the end of the calendar year. You may only change coverage if you experience a **qualifying life event**.

Qualifying life events can include:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Entitlement to Medicare or Medicaid

Note: The above list of qualifying life events is not exhaustive.

Have a qualifying event? Here's what to do next:

You have 31 days from the qualified event to notify HR. Depending on the type of event, you may need to provide proof, such as a marriage license.

If you do not contact HR within 31 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualifying life event).

HR Department
humanresources@badgerliquor.com

B Well Days: Supporting Your Health & Wellness

B Well Days give you extra Paid Time Off (PTO) to take care of your health—whether it's for a routine check-up, vision or dental appointment, or any other medical visit.

How it works:

- **Extra PTO:** You receive extra PTO dedicated to health-related appointments.
- **Flexible Usage:** Use your B Well Days in increments as small as 15 minutes, so fitting appointments into your day is easy.
- **Preventative Care:** We encourage using this time for preventative screenings and care—because staying healthy matters.

Regular check-ups are key to long-term well-being, and B Well Days are here to help you prioritize your health—keeping you at your best!

Take Charge of Your Health with Badger Liquor's Self-Funded Medical Plan

Badger Liquor offers a self-funded health insurance plan, which means we pay for employees' eligible medical claims directly.

Why it matters for you:

- **Your choices make a difference:** Using in-network providers, scheduling preventive care, and staying on top of your health helps control costs for you and the company.
- **Invest in yourself:** Regular check-ups, screenings, and healthy habits keep you feeling your best while maximizing your benefits.
- **Together we save:** Every smart healthcare decision helps keep the plan strong, so we can continue offering great benefits for all employees.

Take action: Schedule that annual check-up, get your screenings, and use your benefits wisely—your health is in your hands!

Managing Your Medical Plan

Getting your benefits information is easy at www.umr.com.
Upon registration, you will have access to the following features:

- Look up claims
- Find a provider
- Check your benefits
- Access your ID card
- View Explanation of Benefits (EOB)
- Search for health symptoms
- And much more!

Features are available from your PC, tablet and mobile device.

Network Provider Search

Find an in-network provider by visiting the member portal at www.umr.com and select the Find a Provider icon. Enter your network name in the provider box to get started.

Download The App

Access your health data faster by downloading the UMR app today! Simply scan the QR code or visit your app store to get started.

Download the app

Beginning in 2026, coverage will expand to include implantable hearing devices, oral surgery, routine hearing exams, additional speech therapy, TMJ treatment, developmental delay therapy services, enhanced breast cancer screening, and more. For details about your specific coverage, please visit the UMR website before receiving care.

Where To Go for Care

	PCP *(Primary Care Provider)*	24/7 Virtual Visits	Urgent Care	Emergency Room
Visit for:	Care from a doctor who knows you best	See a doctor whenever, wherever	Serious conditions that aren't life threatening	Life- and limb-threatening emergencies
Average Cost	$200	$0	$900	$2,000
Treatment for:	Cough, fever, muscle strain, pinkeye, sinus problems, sore throat, sprain	Cough, fever, pinkeye, sinus problems, sore throat, mental health care	Sprains, minor broken bones, minor burns, strep throat	Broken bones, chest pain, shortness of breath, heavy bleeding, major burns

Medical Insurance – PPO

Badger Liquor provides both a PPO and a High Deductible Health Plan (HDHP) to eligible employees. Below is a summary of benefits for the PPO plan. As you review the plan coverages, be sure to take into account the rates associated with each plan.

PPO PLAN	IN-NETWORK	When Utilizing Garner Benefit	OUT OF NETWORK
Deductible			
Single	$1,000	$0	$1,275
Family	$2,000	$0	$2,550
Coinsurance (Plan / Member)	80% / 20%		60% / 40%
Out-of-Pocket Maximum	(Includes deductible)	(Includes deductible)	(Includes deductible)
Employee	$3,000	$1,500	$3,875
Employee + Spouse	$6,000	$3,000	$7,750
Employee + Child(ren)	$6,000	$3,000	$7,750
Family	$6,000	$3,000	$7,750
Preventative Care	Covered in Full		Not Covered
Primary Care Physician	Deductible / Coinsurance		Deductible / Coinsurance
Specialist Care Physician	Deductible / Coinsurance		Deductible / Coinsurance
Urgent Care	Deductible / Coinsurance		Deductible / Coinsurance
Emergency Room / Emergency Physicians			
Co-pay Per Visit *(Waived if admitted as inpatient within 24 hours)*	$175		$175
Paid By Plan After In-Network Deductible	80%		80%
Prescription Drug Coverage			
Generic	$10 Co-pay		Not Covered
Preferred Brand Name	20% Coinsurance		Not Covered
Non-Preferred Brand Name	30% Coinsurance		Not Covered
Mail Order	3 months prescription for the cost of 2		Not Covered
Pharmacy Out-of-Pocket Maximum			
Individual	$5,500		
Family	$11,000		

Receive a 90-day supply in store by visiting a participating network pharmacy. Click here or visit https://www.caremark.com/pharmacy/benefits/pharmacy-locator/search for a list of participating pharmacies.

**For more information on Garner, see pages 8-9. Prescription drugs are eligible for the Garner incentive. Garner benefits apply to in-network care only.*

Spousal Surcharge – $150 per month

If an employee's spouse has other coverage available through their employer and chooses to not enroll in that coverage, a $150 per month spousal surcharge will be applied.

Spousal surcharges do not apply to spouses who are not employed or whose employers do not offer health insurance. If you have a spouse covered on the Badger Liquor medical plan, who is not covered by another medical plan, you must complete the Spousal Surcharge Waiver Form. HR will follow up with employees if the form is necessary.

Medical Insurance – HDHP

Badger Liquor provides both a PPO and a High Deductible Health Plan (HDHP) to eligible employees. Below is a summary of benefits for the HDHP. As you review the plan coverages, be sure to take into account the rates associated with each plan.

HDHP	IN-NETWORK	When Utlizing Garner Benefit	OUT OF NETWORK
Deductible			
Single	$3,500	$1,800**	$7,000
Family	$7,000	$3,600**	$14,000
Coinsurance (Plan / Member)	80% / 20%		70% / 30%
Out-of-Pocket Maximum			(Includes deductible)
Employee	$7,000	$5,000	$14,000
Employee + Spouse	$14,000	$10,000	$28,000
Employee + Child(ren)	$14,000	$10,000	$28,000
Family	$14,000	$10,000	$28,000
Preventative Care	Covered in Full		Not Covered
Primary Care Physician	Deductible / Coinsurance		Deductible / Coinsurance
Specialist Care Physician	Deductible / Coinsurance		Deductible / Coinsurance
Urgent Care	Deductible / Coinsurance		Deductible / Coinsurance
Emergency Room	Deductible / Coinsurance		Deductible / Coinsurance
Prescription Drug Coverage			
Generic	Deductible		Not Covered
Preferred Brand Name	Deductible		Not Covered
Non-Preferred Brand Name	Deductible		Not Covered
Mail Order	3 months prescription for the cost of 2		Not Covered
Receive a 90-day supply in store by visiting a participating network pharmacy. Click here or visit https://www.caremark.com/pharmacy/benefits/pharmacy-locator/search for a list of participating pharmacies.			

**For more information on Garner, see pages 8-9. Garner benefits apply to in-network care only.*

***Garner benefits kick-in after $1,700/$3,400 in spend. In order to meet IRS rules on High Deductible Health Plans:*

- *Single plans, you must pay the first $1,700 before eligible for Garner reimbursements*
- *Family plans, you must pay the first $3,400 before eligible for Garner reimbursements*

Spousal Surcharge – $150 per month

If an employee's spouse has other coverage available through their employer and chooses to not enroll in that coverage, a $150 per month spousal surcharge will be applied.

Spousal surcharges do not apply to spouses who are not employed or whose employers do not offer health insurance. If you have a spouse covered on the Badger Liquor medical plan, who is not covered by another medical plan, you must complete the Spousal Surcharge Waiver Form. HR will follow up with employees if the form is necessary.

Garner Medical Plan Advocacy

Badger Liquor partners with Garner to help you find quality healthcare and save money.

What is Garner?

Garner is a Badger Liquor-paid healthcare benefit. By utilizing Garner, you can be reimbursed for qualifying medical costs.

How Does It Work?

Garner analyzes the largest medical claims dataset in the U.S. to evaluate doctor performance. They then narrow the list to the top 20% of doctors to create the list of Top Providers in your network. Some of the following criteria measure these Top Providers:

- Successfully diagnose problems
- Produce the best patient outcomes
- Get the highest patient satisfaction ratings
- Practice based on the latest medical research

When you see a Garner-approved provider, you'll pay your upfront costs at the time of care. Once UMR processes your claim, Garner will reimburse your eligible out-of-pocket expenses. Please note: out-of-pocket costs from emergency room visits are not reimbursable through Garner. The reimbursement process differs for PPO and HDHP plans due to IRS restrictions—PPO members can be reimbursed right away, while HDHP members costs must exceed the minimum deductible of $1,700 for individuals and $3,400 for families certain reimbursements can be issued.

Plan Reimbursement Benefits

- Plan reimbursement benefits are based on the calendar year, January 1-December 31
- PPO: $1,500 single / $3,000 family reimbursement for using Garner
- HDHP: $2,000 single / $4,000 family reimbursement for using Garner

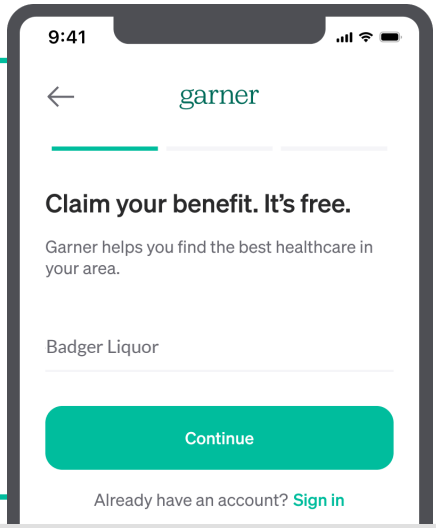
Getting Started

Once you enroll in the medical plan, you will need to create an account. Scan the QR code or go to the App Store or Google Play to download the app. If you do not have a smartphone, you can visit garner.guide/start.

When prompted, be sure to:

- **Choose:** Badger Liquor
- **Enter your full legal name**
- **Verify your identity:** Enter your personal information correctly

Download the app



Garner Reimburses Qualifying Costs For:

Office Visits

Physical Therapy
The facility or therapist must be in-network

Imaging & Lab Work
Includes X-rays and MRIs

Urgent Care
Find a facility on the Garner Health app or from your Concierge

Hospital Bills
Incurred during a surgery or other procedure with a Top Provider

garner

Three Key Steps to Starting Your Garner Benefit

1

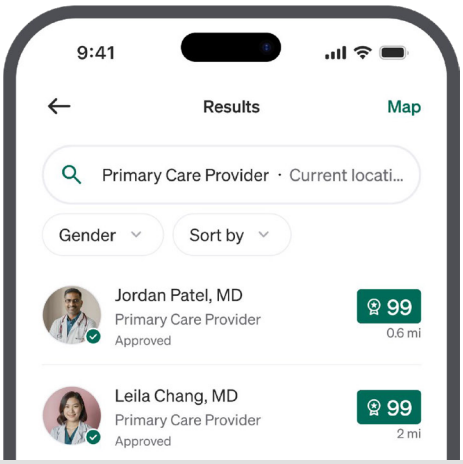
Search for top doctors in the Garner app

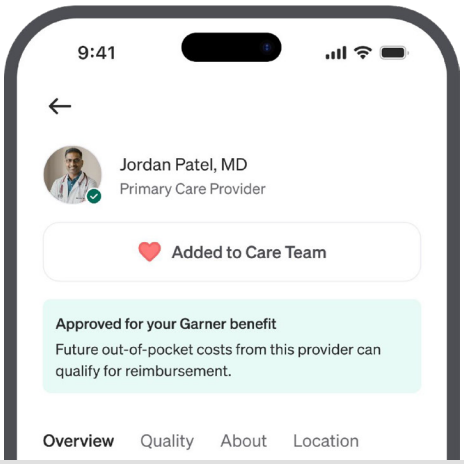
2

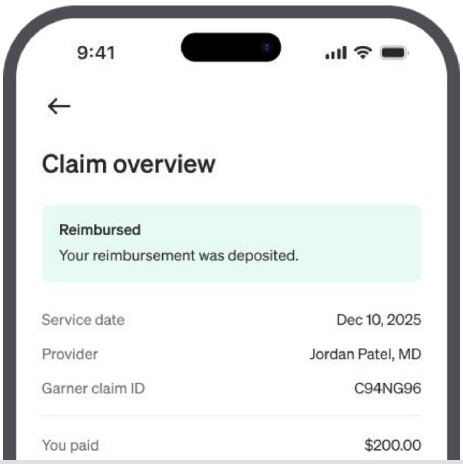
Add doctors to your Care Team before your visit

3

Get reimbursed for your out-of-pocket medial bills







Frequently Asked Questions

Need help? Contact your Concierge.
You can contact your Concierge for help via the Garner app or website, by emailing concierge@getgarner.com, or by calling 866.761.9586 Monday - Friday from 7am to 7pm CT.

Am I required to see Top Providers that Garner recommends?
No, you are not obligated to see any provider that Garner recommends, however, if you do not add and use a Top Provider prior to a visit, you will not be eligible for the reimbursement.

Are recommended Top Providers in-network with my health insurance?
Garner does their best to only recommend Top Providers that are in your network, but we always recommend verifying that a provider is still in-network with UMR.

If I'm unable to search by a specific provider specialty in the Garner app, does Garner not recommend these providers?
If you are not able to search for a specific specialist in the app, such as a Nurse Practitioner, please reach out to your Concierge to support these searches and provide recommendations.

Does Garner recommend Physician Groups?
No, Garner provides recommendations on an individual provider basis only.

Is the Garner app and website experience available in Spanish?
Yes, in your Garner account settings you can set Spanish as the default language for the app and website experience.

Prescription (Rx)

CVS Caremark®, your plan's pharmacy service, is committed to helping you find cost-effective ways to get your medication(s).

Cost and Time-Saving Tools

Head to Caremark.com or download the CVS Caremark mobile app to learn more about:

- Rx delivery by mail – convenient 90-day supplies
- Drug costs and coverage
- How to find a network pharmacy
- Tracking of your Rx spending
- Managing all your Rx in the same place
- Quick and easy refill options
- Customizing notifications and reminders

REMINDER

Tobacco cessation products are covered at 100% on our medical Rx plan.

Save Time and Money with CVS Caremark® Mail-Order

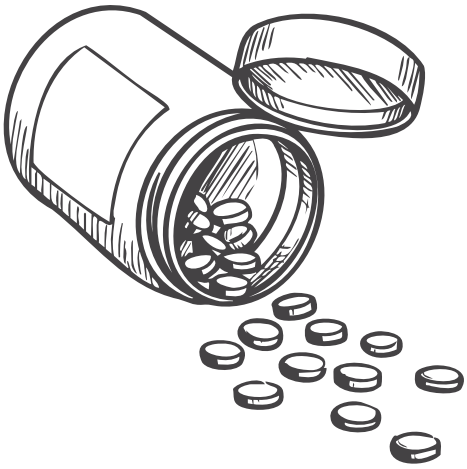
By switching to CVS Caremark® home delivery for your monthly prescriptions, you can receive a 90-day supply instead of a 30-day supply, which can save you money!

Receive FREE SHIPPING and 24/7 access to a pharmacist for questions.

To get home delivery set up, you can:

- Visit caremark.com/mailservice to register and follow the simple step-by-step instructions **OR**
- Call the member phone number on the back of your plan ID card.

Note: It's helpful to have your plan ID card and medication bottle available.



The Affordable Care Act (ACA) Preventive Services Drug List

Even if you haven't met your deductible, these medications bypass your deductible and are covered from day one of the plan year.

- **Certain medications**, supplements or products to:
  - » Prevent certain health conditions
  - » Help you quit smoking or using tobacco
  - » Prepare for certain health screenings in adults
- **Vaccines and immunizations** to prevent certain illnesses in infants, children and adults
- **Contraceptives for women**

Find the full list at Caremark.com

Samaritan Fund Program

The Samaritan Fund Program sources funds from Samaritan Sponsors to pay for all medical expenses for those facing significant medical challenges or high-cost medications. Without the financial burden of medical bills, participants can find the ***Peace of Mind to Heal***.

If you or someone in your family is facing a serious medical diagnosis, consider applying for this free, voluntary and confidential program. If you qualify, the Samaritan Fund will assist you in enrolling in a health insurance plan and will help secure financial assistance to eliminate out-of-pocket costs for premiums and medical care.

How It Works

- The Samaritan Fund Program is open to all employees, regardless of income, and there are no fees to participate.
- This program is completely voluntary.
- The application process is confidential.
- Fill out a simple HIPAA authorization form. Once completed, a representative from the program will contact you directly and assess if the program is the right fit for you and your family.
- If you or anyone on your benefits is deemed an ideal candidate, the Samaritan Fund will assist you in enrolling in a health insurance plan and will help secure financial assistance to eliminate out-of-pocket costs for premiums and medical care.

It's easy to explore this opportunity, and if you think you or one of your dependents could qualify, there is no risk in applying. But, please note that there's a limited window for making changes to your group plan election. Changes can only be made during a qualifying event or within the annual enrollment period. If you don't qualify for the Samaritan Fund Program, you can choose a Badger Liquor approved plan during the open enrollment period.

While each application is examined independently, eligibility is generally based on the financial burden caused by medical treatment, not just the diagnosis itself. Examples of potential eligibility may include:

- **Severe or catastrophic illnesses:** Conditions that require expensive, long-term, or ongoing care and have led to a debilitating level of debt, including many forms of cancer, neurological disorders, and rare diseases.
- **Chronic diseases:** Individuals with chronic conditions that require high-cost medications or consistent treatments, including advanced diabetes, heart conditions, or autoimmune diseases.
- **High-cost medication needs:** Patients who need expensive prescriptions that are not fully covered by their insurance.
- **Need for costly procedures:** Patients facing major surgeries, organ transplants, or other high-cost medical procedures that lead to substantial out-of-pocket expenses can be considered.

For Aches and Pains, Think ATI First

Did you know that many joint and muscle pain issues can be helped or even resolved through physical therapy as the first medical treatment option? Avoid unnecessary surgeries, doctor appointments, scans and prescription costs by visiting the physical therapy company that gets more people back to health.

Employees and covered dependents enrolled in Badger Liquor's medical plan can receive in-person or virtual physical and occupational therapy services through ATI Physical Therapy at a reduced cost of **$20 per visit**. No prescription or referral is needed to begin care.

ATI offers personalized rehabilitation treatment for a variety of concerns and conditions including:

Acute and chronic pain • Strains and sprains
Joint injury or trauma • Sciatica • Headaches
TMJ Dysfunction/jaw pain • Vestibular dysfunction/
Vertigo/Dizziness • Concussion • Women's Health/Pelvic pain
Balance Disorders and Fall Prevention • Difficulty walking/
Gait dysfunction • Overuse injuries • Joint Replacement
Pre and post-surgical conditions • Hand pain or injury
Sports-related injury • Neurological conditions

If you're experiencing pain, don't live with it.

Call **833.ATI.0001** or visit www.atipt.com/badger-liquor to get started today.

ATI Physical Therapy sessions can be in-person, hybrid, or virtual.

Virtual Physical Therapy Option

Whether you're recovering from surgery, preparing for surgery or hoping to avoid surgery altogether, ATI's online care pathway CONNECT™ can help you reach your treatment goals. The platform provides ATI's best-in-class treatments, maintains consistent care guidelines, and delivers data-driven and predictable outcomes for you.

Easily Accessible
Visit a PT with your mobile phone, tablet or computer.

HIPAA Compliant
You are our top priority. Video visits are private and secure.

Convenient
Home-based treatment ensures uninterrupted program compliance.

Trusted Partners
Treatment provided by our licensed physical therapists.

Dental Insurance

Badger Liquor offers two dental plan options available through CarePlus or Delta Dental.

CarePlus Dental Plans

CarePlus Dental Plans are only available at participating locations.

- Visit my.dentalassociates.com to log into your Patient Portal.
- Find locations, manage appointments, review billing information, make payments and more!

OPTION 1: CAREPLUS	IN-NETWORK
Deductible Single Family	 $0 $0
Annual Maximum	$1,250
Diagnostic & Preventative* (Deductible waived) Exams, Cleanings, Fluoride Treatments, X-Rays, Sealants, Space Maintainers	Plan pays 100%
Basic Services (Deductible applies) Fillings	Plan pays 100%
Major Services (Deductible applies) Extractions, Crowns, Onlays, Bridges, Implants	Plan pays 75%
Orthodontics (Deductible applies) Dependent Child to age 19	Plan pays 50% to $1,250 Lifetime Maximum

Delta Dental Plans offer a wider network of participating dentists.

Delta Dental now offers a Special Health Care Needs Benefit designed to support individuals with intellectual or developmental disabilities. Plus, they've added extra benefits for those managing medical conditions that can impact oral health—such as cancer therapy, diabetes, pregnancy, kidney failure or dialysis, weakened immune systems, high-risk heart conditions, and periodontal disease. These added benefits are here to make it easier for you and your loved ones to get the care you need, when you need it.

OPTION 2: DELTA DENTAL	DELTA DENTAL PPO PROVIDER	DELTA DENTAL PREMIER PROVIDER
Deductible Single Family	 $50 $150	 $50 $150
Annual Maximum	$1,000	$1,000
Diagnostic & Preventative* (Deductible waived) Exams, Cleanings, Fluoride Treatments, X-Rays, Sealants, Space Maintainers	Plan pays 100%	Plan pays 80%
Basic Services (Deductible applies) Fillings**, Emergency Treatment	Plan pays 80%	Plan pays 60%
Major Services (Deductible applies) Extractions, Crowns, Onlays, Bridges, Implants	Plan pays 50%	Plan pays 50%
Orthodontics (Deductible applies) Child and Adult	Plan pays 50% to $1,000 Lifetime Maximum	

**Your plan covers two preventative / routine cleanings each year. Preventative / Diagnostic services do not count toward your Annual Maximum so the plan can cover more for needed care.*

***Silver or tooth-colored fillings? You decide. The plan covers both options for back teeth.*

DELTA DENTAL®

www.deltadentalwi.com

Vision Insurance

Download the app

Superior Vision administers Badger Liquor's vision plan and provides coverage for annual eye exams, glasses and frames, as well as coverage for select contact lenses New for 2026, free hearing exams are now covered by using a Superior Vision hearing network provider.

For more information, visit superiorvision.com or download the app!

SUPERIOR VISION	IN-NETWORK	OUT OF NETWORK
Deductible	$0	
Co-payment (Exam & Materials)	$0	
Frequency		
Eye Exam	Once per 12 months	
Lenses	Once per 12 months	
Frames	Once per 24 months	
Contact Lenses	Once per 12 months	
Vision Exam	Covered in Full	Up to $35 Retail
Frames	Up to $150 Retail Allowance	Up to $75 Retail
Lens Benefit		
Single Vision	Covered in Full	Up to $25 Retail
Bifocal	Covered in Full	Up to $40 Retail
Trifocal	Covered in Full	Up to $45 Retail
Progressive*	See Description*	
Contact Lenses**		
Medically Necessary	Covered in Full	Up to $150 Retail
In Lieu of Spectacle Lenses	$175 Retail Allowance	Up to $150 Retail
Lasik Vision Correction***	$200 Allowance	

**Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable deductible*

***Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frame benefit*

****Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations*

Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-exempt account established in your name exclusively to pay qualified medical expenses for you or your beneficiaries. You can contribute funds to an HSA on a pre-tax basis to save for current and future medical expenses, putting you in charge of how you spend your healthcare dollars.

To be eligible for the HSA at Badger Liquor, you must be enrolled in the High Deductible Health Plan (HDHP).

You can only contribute a certain amount to your HSA each year, but all contributions roll over from year to year.

The IRS maximum contribution amounts for 2026 are:

- $4,400 for Single Coverage
- $8,750 for Family Coverage
- Additional catch-up contribution of $1,000 if between the ages of 55-64

Benefits of an HSA

- Badger Liquor matches your HSA contributions dollar-for-dollar! Full-time employees receive:
  - » $1,500 for Single Coverage
  - » $3,000 for Family Levels of Coverage
- You own your HSA and choose how to invest the funds.
- You are eligible to deduct contributions you make on your federal income tax return (even if you do not itemize deductions).
- An HSA is portable, which means that if you change employers or leave the workforce, the HSA remains with you.
- HSA plans continue to grow if the money is saved and not used for health-related expenses since funds may be rolled over to subsequent years. There is no limit to the balance in your account.

Qualified Expenses

Qualifying medical-related expenses that may be paid from your HSA include:

- Deductibles
- Prescription drug costs
- Vision expenses
- Long-term care premiums
- Physician and hospital co-payments
- Dental expenses
- When over 65, Medicare premiums
- COBRA premiums

For a full list of what you can use your HSA funds for, visit www.irs.gov and review publications 502 and 969.

HSA Administrator

BMO Lively will continue to be the HSA banking partner for the 2026 plan year.

Online: bmo.livelyme.com

Phone: 888.348.2083

IMPORTANT

When calculating your contribution amount, be sure to include the company contribution in your calculation to ensure you do not exceed the IRS maximum.

Example:
Sam wants to get the most out of their HSA in 2026. The IRS says the maximum you can contribute for the year is **$4,400** for single coverage.

- Sam chooses to contribute **$2,900** through payroll deductions.
- Badger Liquor adds a **$1,500 company match**.
- Together, that makes **$4,400 total**—the IRS annual maximum!

By planning ahead, Sam gets the full match and maximizes tax-free savings for healthcare expenses.

Lively

Flexible Spending Account (FSA)

If you anticipate needing to pay out-of-pocket for dental, vision, dependent care or other FSA-eligible expenses, you may benefit from a Flexible Spending Account (FSA). FSAs allow you to set aside money pre-tax to pay for eligible expenses. You have the option to enroll in a Health Care FSA (PPO Plan Enrollees Only), Dependent Care FSA or both. During your enrollment period, you will decide how much to put into your FSA for the year, but it is important to note that this account resets annually, ***so if you don't use it, you lose it.***

Note: Participants can carry over up to $680 in unused Health Care FSA money at the end of the plan year to be used to reimburse expenses incurred in the next year. The carryover does not count toward the annual maximum allowable contribution.

	MEDICAL FSA	LIMITED-PURPOSE FSA	DEPENDENT CARE FSA
Medical Plan	PPO	HDHP	N/A
Use it to pay for	Eligible health care expenses that are not fully covered by your medical, dental and vision plans	Eligible health care expenses that are not fully covered by your dental and vision plans	Eligible child or elder care expenses to enable you and your spouse to work or attend school
Annual Contribution Limit	$3,400	$3,400	$7,500 *($3,750 if married filing separately)*
Eligible Expenses*	Deductibles, Copays, Coinsurance, Prescriptions, Dental Expenses, Eyeglasses, etc.	Dental and Vision Deductibles, Copays, Coinsurance, Dental Expenses, Eyeglasses, etc.	Day care, after school programs, summer camps, elder care programs, etc.
Key Points	• Owned by Employer • Funds expire annually • Goes away if you leave the company • You can spend your balance before it is deposited in your account through payroll deduction		

**Refer to IRS publications 502 and 503 available at www.irs.gov for a full list of eligible expenses.*

DEPENDENT CARE FSA

Effective January 1, 2026, the annual contribution limit for the Dependent Care Reimbursement Account (DCRA) is increasing. The new limit set by the IRS allows participants to contribute up to $7,500 per calendar year, up from the previous limit of $5,000. For married couples filing separately, the contribution limit will rise from $2,500 to $3,750. This increase provides greater tax-saving opportunities for employees who use this benefit to cover eligible dependent care expenses.

HSA vs. FSA

HSAs (Health Savings Accounts) and FSAs (Flexible Spending Accounts) are both accounts designed to help employees set aside money to pay for extra medical expenses on a pre-tax basis. While both have rules around maximum contributions and permissible distributions, and both have remarkably similar-sounding acronyms, each offers different features and benefits. Let's take a closer look.

In order to participate in an HSA, the IRS has determined that you must be enrolled in a qualifying High Deductible Health Plan (HDHP). High Deductible Health Plans require you to pay more out-of-pocket up front, therefore, you are able to set aside tax-free money to cover these expenses.

Flexible Spending Accounts are utilized by those not in a High Deductible Health Plan. The FSA must be offered by your employer – you can't get one on your own. FSA funds can be used for both medical and dependent care expenses.

While it may seem like double-dipping, you can actually contribute to an HSA and health care FSA, provided your FSA is "HSA-compatible." This means that it's a limited purpose FSA that can only be used to pay for certain qualified expenses, like vision or dental. When used together, an HSA and limited purpose FSA can help you save for qualified medical expenses each year. Keep in mind, though, that health care FSA funds are typically subject to the "use it or lose it" rule. You must use all contributions within the year or forfeit whatever's leftover, with some exceptions. HSAs, meanwhile, do not have this rule, allowing you to save and invest contributions year over year.

Below you will find a chart identifying the main differences between HSAs and FSAs.

	HSA	FSA
Fund Ownership	Employee	Employer
Rollover	All funds carry over to the next plan year	$680 Carry Over
Portable	Yes	No
Funding	Employee AND Employer Funded; Employer contributes $1,500 for single coverage / $3,000 for family coverage	Employee Funded
Contribution Limits	$4,400 – Single $8,750 – Family **Additional catch-up contributions of $1,000 for ages 55 – 64*	$3,400 – Medical $7,500 – Dependent Care
Contribution Changes	Monthly	Annually
Health Plan Eligibility	**Must be enrolled in the Badger Liquor High Deductible Health Plan (HDHP)**	Must be enrolled in the Badger Liquor PPO Plan
Fund Availability	As they're contributed	Medical FSAs: On first day of plan year Dependent Care FSAs: As they're contributed
Tax Savings	Distributions for eligible expenses, investment returns and contributions are tax-free	Distributions for eligible expenses and contributions are tax-free
Investment Capability	Yes	No

Reminder: If you choose an HDHP with an HSA, you can enroll in a Limited FSA that can be used for dental and vision expenses. This way, you can save your HSA dollars for medical costs and still take advantage of tax savings on dental and vision care!

Life and AD&D Insurance

Badger Liquor offers Life and Accidental Death and Dismemberment (AD&D) insurance to assist you and/or your family in the event of a loss. For loss of life, your coverage amount will be paid to the beneficiary(ies). If your death or a loss of a limb, speech, hearing or sight is due to accidental causes (as defined by the plan document) you or your beneficiary(ies) will receive an additional amount through the AD&D coverage. By enrolling in Life and AD&D, you'll also have access to The Standard's travel assistance program, life services toolkit, and AD&D occupational assistance.

Employee Life and AD&D Benefit

- Minimum of $10,000 and maximum of $500,000, with guaranteed issue amount of $200,000; age-based rates

Spousal Life and AD&D Benefit

- Minimum of $5,000 and maximum of $250,000, with guaranteed issue amount of $30,000; age-based rates
- The coverage amount for your spouse cannot exceed 50% of your Life coverage

Child Life and AD&D Benefit

- $5,000 or $10,000

Note: *Employee must enroll in Employee Life Insurance in order to enroll in a Spouse or Child Plan.*

How much life insurance do you need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use the online calcuator at www.standard.com/life/needs.

Use this formula to calculate your premium payment:

_____	÷ 1000 =	_____	x	_____	=	_____	➡	_____
Enter the amount of coverage you are requesting.				Enter your rate from the rate table.		This amount is an estimate of how much you would pay each month.		To get a sense of your biweekly premium, multiply your monthly premium amount by 12 and then divide by 26.

If you buy coverage for your spouse, your monthly rate is shown in the table to the right. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Life with AD&D coverage for your child(ren), your monthly rate is $0.23 per $1,000, no matter how many children you're covering. Your monthly AD&D rate of $0.03 per $1,000 is included.

**Includes a monthly AD&D rate of $0.03 per $1,000 of AD&D benefit.*
***Includes a monthly AD&D rate of $0.03 per $1,000 of AD&D benefit for your spouse.*

Age *(as of January 1)*	Your Rate* *(Per $1,000 of Total Coverage)*	Your Spouse's Rate** *(Per $1,000 of Total Coverage)*
<30	$0.09	$0.09
30-34	$0.11	$0.11
35-39	$0.12	$0.12
40-44	$0.13	$0.13
45-49	$0.18	$0.18
50-54	$0.26	$0.26
55-59	$0.56	$0.56
60-64	$0.69	$0.69
65-69	$1.30	$1.30
70+	$2.09	$2.09

Accident Insurance

Badger Liquor offers accident insurance through The Standard. This benefit pays a lump sum directly to you for an off-the-job accidental injury. You may use the payment to pay for out-of-pocket medical expenses which include copays or deductibles.

Examples of accidents covered under The Standard's Accident Insurance include: dislocation, fractures, burns, medical services, hospital stays, surgery, emergency dental, and more!

Please refer to the Accident benefit plan coverage available on SharePoint / Benefits / Accident Insurance.

EARN A $50 WELLNESS BENEFIT FOR COMPLETING PREVENTIVE SCREENINGS!

SEE THE PLAN POLICY FOR ADDITIONAL DETAILS AND THE COMPLETE LIST OF TESTS COVERED.

Disability Benefits

Disability benefits protect a portion of your lost income should you become disabled and unable to perform the duties of your job due to an illness or non-work-related injury. Disability benefits vary based on your employment status. See below for more information.

Short Term Disability

Short-term disability insurance helps protect your income if you're unable to work due to an illness, injury, or medical condition. It provides a portion of your pay during recovery, giving you financial peace of mind so you can focus on getting better.

Why it's important: STD coverage helps you maintain financial stability when unexpected health issues arise, so you don't have to worry about bills while you're out of work.

Good news for 2026: Badger Liquor will cover **100% of your STD premium** for all employees—no cost to you!

COVERED MEMBERS

Salaried, Commission, and Hourly employees with 1 year of employment working 30 or more hours per week.

SHORT TERM DISABILITY	1-4 YEARS OF SERVICE	5-19 YEARS OF SERVICE	20+ YEARS OF SERVICE
Benefit Schedule	60%	80%	100%
Insured Predisability Earnings	Varies	Varies	Varies
Maximum Weekly Benefit	Varies	Varies	Varies
Minimum Weekly Benefit	$25	$25	$25
Benefit Waiting Period: Accident	7 Days	7 Days	7 Days
Benefit Waiting Period: Sickness	7 Days	7 Days	7 Days
Maximum Benefit Period	90 Days	90 Days	90 Days

Long Term Disability

Long-term disability (LTD) benefits are designed to replace a portion of your monthly salary in the event of a covered disability that extends beyond the maximum benefit duration.

LONG TERM DISABILITY	HOURLY & COMMISSION EMPLOYEES	SALARIED EMPLOYEES
Provider	The Standard	
Monthly Benefit Percentage	60% of the first $5,000 pre-disability earnings reduced by deductible income	
Maximum Monthly Benefit	$5,000	
Elimination Period	91st day after your injury / illness	
Maximum Benefit Duration	To age 65	
Who Pays for LTD:	Voluntary, Employee Pays Benefit	Employer Pays Benefit

Please refer to the LTD benefit plan and cost information available on SharePoint / Benefits / Short and Long Term Disability.

Employee Assistance Program

An Employee Assistance Program (EAP) is an employee benefit program that assists employees with work related or personal problems that may impact their work performance, health, mental and emotional well-being. Badger Liquor's EAP program, sponsored through BHS, provides short-term counseling, referrals and follow-up services for employees and their dependents. EAP is 100% confidential as specified by both state and federal law. EAP is an employer paid benefit provided to all employees, their dependents and family members who reside in the household.

Connect via phone, the BHS App or online to talk to one of the specialized counselors who can help with:

Relationships
- Boss / Co-workers
- Customers
- Friends
- Spouse / Kids

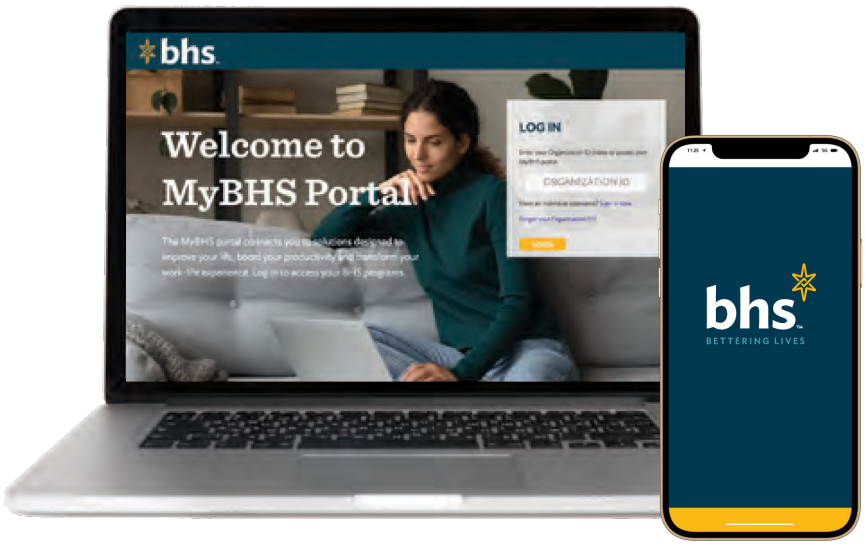
Life Events
- Birth / Death
- Health / Illness
- Marriage / Divorce
- Promotion / Retirement

Risks
- Burnout / Anger
- Depression / Anxiety
- Suicidal Thoughts
- Substance Abuse

Challenges
- Daily Responsibilities
- Financial / Legal
- Parenting
- Stress / Conflict

BHS	
In-Person / Digital Sessions	Up to 8 covered sessions per issue
Manager Training & Consultation	Unlimited Manager / Supervisor consultation and support
Financial Services	Unlimited financial consultations and information education
Legal Services	Free 30-minute consultations, in-person or telephonic appointments with local plan providers
Parenting / Childcare Referral	Childcare and eldercare referral and service support

Visit the BHS online portal here!



bhs™
BETTERING LIVES

EAP Contact Information

Website: portal.BHSonline.com
- ID: BADGERLIQUOR

Telephone: 1.800.327.2251
- Available 24/7 for support

Mobile App Available

401(k) Retirement Plan

At Badger Liquor, we recognize and appreciate the valuable contributions you make to the success of our organization. We are committed to supporting you in achieving your retirement goals and ensuring your long-term financial well-being.

Beginning the first of the month following sixty (60) days of employment, full-time employees who are at least 18 years old, are eligible to participate in Badger Liquor's 401(k) retirement plan.

Following the qualification period, enrollment or changes to your deferral can be made at any time.

You are 100% vested immediately in the money you contribute to your 401(k) account. In addition, Badger Liquor provides a match of up to 4% of your contribution amount.

Employees must follow the IRS guidelines, which can be found on www.irs.gov.

Accessing Your Retirement Account

To access your Principal account, you will first create your online account. Follow the instructions found on the Human Resources Benefits section on SharePoint.

Once your account is created, you can download the app for the convenience of accessing your information from your phone. Search for "Principal" in the App Store (for iPhone and iPad users) or in the Android Market (for Android users).

Having trouble setting up your login? Give Principal a call at 800.986.3343.

Questions about your 401(k) and retirement advising?

Park Capital Management
Contact: Cameron Gray, CFP
1601 Greenway Cross, Fitchburg, WI 53713
Telephone: 608.218.5850
Email: cgray@parkcapitalmgt.com

PARK CAPITAL MANAGEMENT

PLAN ADMINISTRATOR	INVESTMENT ADVISOR
Badger Liquor Co., Inc. 850 Morris Street Fond du Lac, WI 54935 Contact: Adam Liebl Telephone: 920.923.8160, Ext. 1118	Park Capital Management 1601 Greenway Cross Fitchburg, WI 53713 Contact: Cameron Gray, CFP Telephone: 608.218.5850

PRO TIP

Contribute at least 4% to your 401(k) to take full advantage of Badger Liquor's company match. That's free money added to your retirement savings! Check out this example for how it works:

- **Alex earns $42,000/year**
- **Alex contributes 4% of their salary = $1,680**
- **Badger Liquor matches 4% = $1,680**

Total added to Alex's 401(k) = $3,360 for the year – double the impact of their contribution!

Glossary

Understand the Medical Terms Used in Your Plan

COINSURANCE
Your share of the cost of covered services after your deductible has been met. The coinsurance rate is usually a percentage. For example, if the plan pays 80% of the claim, you pay 20%.

DEDUCTIBLE
The amount of covered healthcare expenses you pay out of your own pocket before the plan begins to pay part of your expenses.

ELIGIBLE EXPENSES
The services and supplies eligible for reimbursement under your medical plan.

EMERGENCY CARE AND URGENT CARE
Care you need when you are ill or injured and need to be seen by a doctor right away. Emergency Care serves those with serious, life-threatening conditions, such as a broken bone, and urgent care can treat less serious care needs such as a sprain or strain.

IN-NETWORK
The group of doctors, hospitals and other healthcare providers that UnitedHealthcare contracts with to provide services at discounted rates. You will generally pay less for services from providers that are in the network.

OUT-OF-NETWORK
A healthcare provider that does not participate in a plan's network. You will generally pay more for services from out-of-network providers.

OUT-OF-POCKET MAXIMUM
The maximum amount you will pay during a year for services. It includes deductibles, co-payments and coinsurance but is in addition to your regular premiums. Beyond this amount, the medical plan will pay all covered medical expenses for the remainder of the year.

PREMIUM DEDUCTION
The amount deducted from your paycheck to enroll in the medical plan or other benefits.

PREVENTIVE CARE
Routine healthcare that includes wellness exams, screenings and counseling to prevent illness, disease or other health problems. Preventive care is covered at 100% under both medical plans.

PRIMARY CARE PHYSICIAN (PCP)
A physician (generally a family practitioner, internist or pediatrician) who provides ongoing medical care.

SPECIALIST
A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, gastroenterologist or neurologist).

Understand the Terms Used in Your Life / Disability Plans

EVIDENCE OF INSURABILITY (EOI)
Documentation of good health required by an insurance provider to obtain certain types of insurance. This is required when you want to elect an amount above the Guarantee Issue.

GUARANTEED ISSUE AMOUNT
A maximum amount of coverage provided under the insurance policy before the insurer would require a participant to complete a health questionnaire (EOI).

Summary Annual Report

For BADGER LIQUOR CO. INC. GROUP BENEFIT PLAN

This is a summary of the annual report of the Badger Liquor CO. Inc. Group Benefit Plan, EIN 39-6080278, Plan No. 505, for period 10/01/2023 through 09/30/2024. 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).

Badger Liquor Co., Inc. has committed itself to pay certain self-insured Medical claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with Delta Dental of Wisconsin, Superior Vision Insurance Plan of Wisconsin Inc., UnitedHealthcare Insurance Company, Aurora Healthcare, Care-plus Dental Plans, Inc., and Janus Associates, Inc. to pay Dental, Vision, Life Insurance, Short-term Disability, Long-term Disability, Accidental Death and Dismemberment, Employee Assistance Program, and Accident claims incurred under the terms of the plan. The total premiums paid for the plan year ending 09/30/2024 were $456,334.

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 09/30/2024, the premiums paid under such "experience-rated" contracts were $168,823 and the total of all benefit claims paid under these contracts during the plan year was $151,752.

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 Badger Liquor CO., Inc. at 850 South Morris Street, Fond Du Lac, WI, 54935 or by telephone at 920-923-8160.

You also have the legally protected right to examine the annual report at the main office of the plan (Badger Liquor CO., Inc., 850 South Morris Street, Fond Du Lac, WI, 54935) 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. Or you may access a copy on the DOL's web site www.efast.dol.gov.

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)

Annual Notices

Model General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)
** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 and other members of your family when group health coverage would otherwise end. For more 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. 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 it would otherwise end because of a life event. This is also called 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 [choose and enter appropriate information: must pay or aren't required to pay] for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- 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 of the following qualifying events:

- 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;

Annual Notices

- 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 continuation 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. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer.
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all 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 to the person listed under the "Plan Contact Information, at the end of this notice, along with supporting documentation of the qualified life event.

How is COBRA continuation 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.

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. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a 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 COBRA continuation coverage. [Add description of any additional Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice.]

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 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 the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

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Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), 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.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

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 the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, 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 www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about 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

Badger Liquor Co., Inc.
ATTN: Kelli Cameron
Email: kcameron@badgerliquor.com
Phone: 920-923-6160 ext. 1130

Annual Notices

Important Notice from Badger Liquor Co. Inc. About Your Prescription Drug Coverage and Medicare, Creditable Coverage, Badger Liquor Co. Inc. Group Benefit Plan

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Badger Liquor Co. Inc. 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. Badger Liquor Co. Inc. has determined that the prescription drug coverage offered by the Badger Liquor Co. Inc. Medical Plan 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 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back at the next annual enrollment opportunity or qualified life event.

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 this plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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For More Information About This Notice Or Your Current Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Or contact the person listed below.

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 changes. You also may request a copy of this notice at any time.

Effective Date: 10/1/2025

Employer Name: Badger Liquor Co., Inc.

Contact Name/Title: Kelli Cameron, VP of HR

Address: 850 South Morris Street, Fond du Lac, WI 54935

Phone: 920-923-8160 x. 1130

Email: kcameron@badgerliquor.com

Annual Notices

Notice of Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage
If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Marriage, Birth or Adoption
If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Medicaid or CHIP
If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator (see cover page for contact information).

Newborns' and Mothers' Health Protection Act

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 of 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

Mental Health Parity & Addiction Act

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more Information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (see cover page for contact information).

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). The Women's Health and Cancer Rights

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Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. 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.

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those establishes for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator (see cover page for contact information).

Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: http://www.dol.gov/vets/programs/userra/main.htm

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: http;//www.dol.gov/vets An interactive online USERRA Advisor can be viewed at http://www.dol.gov/elaws/userra.htm

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Hospital/Fixed Indemnity Plan Notice – Effective 10/1/25

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance; it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit Healthcare.gov or call 1-800-318-2596 (TTY:1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissions' website (naic.org) under "Insurance Departments". If you have this policy through your job, or a family member's job, contact the employer.

Health Insurance Marketplace

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

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 9.12%[1] 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 9.12% of the employee's household income.[12]

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.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Health Insurance 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 through your employment, please check your health plan's summary plan description or contact Kelli Cameron at 920-923-8160 ext. 1130 or kcameron@badgerliquor.com.

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.

Health Insurance Marketplace

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer Name Badger Liquor Co., Inc.		**4. Employer Identification Number (EIN)** 39-6094742
5. Employer address 850 South Morris Street		**6. Employer phone number** 920-923-8160
7. City Fond du Lac	**8. State** WI	**9. Zip Code** 54935
10. Who can we contact about health coverage at this job? Kelli Cameron		
11. Phone number (if different from above) 920-923-8160 x 1130	**12. Email address** kcameron@badgerliquor.com	

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

- As your employer, we offer a health plan to:

  ☐ All employees. Eligible employees are:
  ☑ Some employees. Eligible employees are: full-time working 30 or more hours per week on a regular basis, but does not include leased employees, independent contractors, a consultant who is paid on other than a regular wage or salary by the employer, or a member of the Board of Directors, an owner, or officer unless engaged in the conduct of the business on a full-time regular basis.

- With respect to dependents:

  ☑ We do offer coverage. Eligible dependents are: your legal spouse, regardless of gender, and your natural, step, adopted or legally placed children until the end of the month in which they reach age 26. This also includes a child under Your (or Your spouse's) Legal Guardianship as ordered by a court
  ☐ We do not offer coverage.

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

** Even if your employer intends this 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. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

HIPAA Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.**

Effective Date: 10/1/25

Privacy Officer: Kelli Cameron
Title: Chief People Officer
Email: kcameron@badgerliquor.com
Phone: 920-923-8160 ext. 1130

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

HIPAA Notice of Privacy Practices

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases we never share your information unless you give us written permission:
- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

HIPAA Notice of Privacy Practices

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- *Example: We use health information about you to develop better services for you.*

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.
- How else can we use or share your health information?
- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

CHIPRA Notice

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, 2025. Contact your State for more information on eligibility –

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

CHIPRA Notice

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

CHIPRA Notice

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

CHIPRA Notice

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

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