

YOUR 2025/2026 EMPLOYEE BENEFITS

VALUE | QUALITY | CARE

wineshipping

This publication contains important information about your employee benefits program, please read thoroughly.

This guide provides a summary of key benefits and is not a complete description of your coverage. For full details, including benefits, claims procedures, and limitations, refer to the official **Evidence of Coverage** or **Summary Plan Description**. If there is any difference between this guide and the official plan documents, the plan documents will govern. Documents can be found at www.wsbenefits.info.



Work/Life Resources & Support

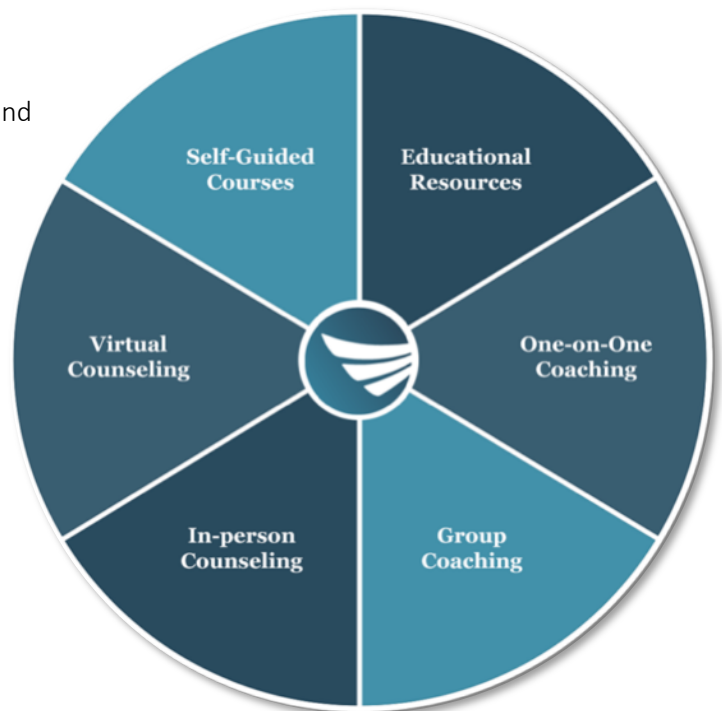
Uprise Health

100% Confidential support – for you and your family – completely free of charge.

Everyone needs a little support now and then—whether you’re facing a personal challenge, a work-related issue, or just need expert guidance. The Work/Life Support Program (EAP) through Guardian is here to help you navigate life’s ups and downs with confidence. You’ll have free, confidential access to counseling, resources, and practical tools designed to support your well-being—whenever you need it, no strings attached.

Services include:

- Online and coach-guided training for resilience, stress and mental fitness.
- Up to 3 sessions of short-term counseling with the Uprise Health national provider network.
- 24-hour crisis help available by phone 1-800-386-7055.
- Work-life resources to help with life's challenges such as marriage, relationship or family problems, substance abuse, childcare or eldercare, and legal/financial experts.



Access additional information by calling (800) 386-7055 during business hours or online at worklife.uprisehealth.com.

Log in online as an employee with the access code: [worklife](#).



Get To Know Your Coverage

Work/Life Resources & Support (EAP) 1

Eligibility and Enrollment 3

Medical & Prescription Coverage..... 5

Flexible Spending and Health Savings Accounts 11

Dental Coverage 13

Vision Coverage 13

Disability & Life Insurance 14

Critical Illness, Hospital, & Accident Coverage 15

Contacts 16

Rate Information..... 17

Group Health Plan Notices 19

Be sure to review detailed plan information for important coverage requirements, limitations, and exclusions online at www.wsbenefits.info.

For additional information on our 401(k), employee time off, and other resources, please contact human resources at 707.933.9063.



Important Benefits Information

Who's Eligible for Coverage

You are eligible for benefits when you are an actively employed full-time employee working 30 hours or more.

Wineshipping.com offers benefits that are fully paid by the company, partially paid by the company, and some that are employee-paid. Benefits that require a contribution must be elected by you. Changes can only be made during open enrollment or after a qualifying life event.

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse or registered domestic partner as defined under state and local law
- Your child(ren), including a stepchild, a legally-adopted child, or a child for whom you are the legal guardian (up to the end of the month the dependent turns 26 years old)
- Your dependent children of any age who are physically or mentally unable to care for themselves

Registered domestic partnerships must meet the definition of a tax dependent under IRC Section 152 for tax-advantaged status.

If you choose to enroll a spouse, domestic partner, or dependent child, you may be asked to provide proof of eligibility. Enrolling someone who does not meet the eligibility criteria is considered fraud and may result in termination of coverage and disciplinary action.

Section 125

By participating in the 125 Cafeteria Plan, you authorize your employer to reduce your gross compensation in the contribution amounts upon your enrollment in the coverages offered under our Health and Welfare plan. For a copy of the Section 125 Plan Document, please contact Human Resources.

Electing and Changing Coverage

You can sign up for or change your benefits elections at the following times:

- During the annual benefits open enrollment period (elections take effect August 1st)
- Within the first 30 days of eligibility as a newly hired employee, coverage will be effective the 1st of the month following your date of hire
- Within 30 days of experiencing a qualifying life event, see examples below

If your change is due to gaining or losing eligibility for Medicaid, Medicare, or a state health insurance program, you must submit your request within 60 days of the event.

Examples of Qualifying Life Events Include:

- Marriage
- Birth or Adoption of a Child
- Change in Dependent's Status
- Divorce or Legal Separation
- Gain or Loss of Coverage
- Change in Work Status

Requirements to Enrolling

To avoid penalties in some states, you must maintain health insurance—either through our benefits program or another source, such as a State or Federal Health Insurance Exchange.

For more on the Individual Mandate, visit www.cciio.cms.gov or www.coveredca.com for California-specific information.

You may choose to waive medical, dental, or vision coverage by declining coverage in Paylocity. If you waive coverage, you can only enroll again during the next annual open enrollment—unless you experience a Qualified Life Event.

Medicare Eligible? You've Got Options.

If you or your dependents are currently on Medicare—or will be eligible in the next two months—federal law gives you additional options for coverage. Check the Group Health Plan Notices section for important details.

These options may provide more affordable and comprehensive coverage than our group health plan.

We've partnered with Medicare Experts to help you navigate Medicare and potential options. Visit www.myplanadvocate.com to learn more or speak with a specialist at 1-800-650-6585.



Termination of Coverage

Your benefits coverage will terminate at midnight on:

- The last day of employment, except for medical, dental, and vision benefits which shall terminate at the end of the month in which you terminate employment
- The end of the month in which you, or a dependent, no longer meet the eligibility requirements
- The date on which contribution payments are not received
- The date any benefit plan is terminated
- The date you enter the armed forces on active, full-time duty except as covered under USERRA



How to Enroll or Make a Change

You have 30 days from date of hire or the date of a Qualified Life Event to apply for coverage online at: <https://access.paylocity.com/>.

If you need assistance with enrollment, please contact Human Resources at 707.933.9063.



Four Plans. One Goal: Getting the Right Coverage for You.

		What Is It?	Why Should I Consider It?	What Else Do I Need to Know?
	HDHP	A High-Deductible Health Plan (HDHP) works like a PPO but has a higher deductible. It also comes with a Health Savings Account (HSA) to help you save money tax-free for medical expenses.	A smart choice for all types of employees especially considering the Company's tax-free contribution of \$1,600 (individual) or \$3,200 (family) to your account!	This option uses the same network as our PPO plan with greater control the potential to save. Keep in mind, you'll need to meet the deductible before non-preventive services are covered.
	EPO	An Exclusive Provider Organization (EPO) lets you choose from the network of doctors and hospitals and doesn't require a Primary Care Physician (PCP).	A good fit if you want to limit paying toward a deductible and are comfortable using in-network providers for all your care.	You do not need a referral to see a specialist in the network; however, there is no coverage outside of the network unless it's an emergency.
	PPO	A Preferred Provider Organization (PPO) plan offers a network of providers at a lower cost but allows you to see out-of-network providers for a higher fee.	Best if you want more provider choices and don't mind paying a bit more from your paycheck to have a lower deductible and fewer out-of-pocket costs when you get care.	You can see providers in or out of the network, but you'll get much better coverage and lower costs when you stay in-network.
	HMO	An HMO plan requires you to choose a Primary Care Physician (PCP), and you must use doctors and providers within the HMO network. The plan doesn't cover out-of-network care unless it's an emergency.	A great choice if you want lower payroll deductions and don't mind having a Primary Care Physician (PCP) coordinate your care.	<p>All services, including care of a specialist or services outside of the network require a referral from your Primary Care Physician.</p> <p>This option is only available to benefit eligible employees in California.</p>



Want to check out who's in the network? Scan the QR code with your smartphone to access the provider finder resource of our two benefit providers.

**SEARCH
UHC PROVIDERS**



**SEARCH
KP PROVIDERS**



Plan Features	EPO	PPO	HDHP
Preventive Care Covered at 100% There is no additional cost to you for seeing a network provider for preventive care.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Network Coverage Only Coverage is only available inside the UHC network.	<input checked="" type="checkbox"/>		
Network and Out of Network Coverage You may receive care and services from out-of-network providers and facilities at a reduced rate of coverage.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Deductible Reimbursement Benefit (HRA) The company will pay network deductible expenses above \$500 (single) or \$1,000 (family) for EPO/PPO enrollees.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Health Savings Account (HSA) Eligible HDHP enrollees may be eligible for an annual tax-free contribution of up to \$1,600 (single) or \$3,200 (family).			<input checked="" type="checkbox"/>

Your Cost for the Most Common Network Services	EPO	PPO	HDHP
Deductible (Individual Family)	\$3,000 \$6,000	\$3,000 \$6,000	\$3,500 \$7,000
WS HRA Deductible Reimbursement (Individual Family)	\$2,500 \$5,000	\$2,500 \$5,000	N/A
WS HSA Contribution (Individual Family)	N/A	N/A	\$1,600 \$3,200
Your Deductible After HRA or HSA (Individual Family)	\$500 \$1,000	\$500 \$1,000	\$1,900 \$3,800
Out of Pocket Maximum (Individual Family)	\$7,150 \$14,300	\$7,150 \$14,300	\$5,000 \$10,000

Preventive Care Services	NO COST	NO COST	NO COST
Telehealth Virtual Visits	\$0 COPAY	\$0 COPAY	DED + 10%
Physician's Office Visits (Primary Care Specialist)	\$35 \$70 COPAY	\$35 \$70 COPAY	DED + 10%
Urgent Care	\$50 COPAY	\$50 COPAY	DED + 10%
Emergency Room	\$350 DED + 20%	\$350 DED + 20%	DED + 10%
X-Ray & Lab Services (Physician's Office Facility)	DED + 20% 50%	DED + 20% 50%	DED + 10% 40%
Other Hospital Services	DED + 20%	DED + 20%	DED + 10%

Prescription Drug Coverage (30 90 Day Supply)			<i>AFTER DEDUCTIBLE</i>
Tier 1	\$10 \$25 COPAY	\$10 \$25 COPAY	\$10 \$25 COPAY
Tier 2	\$45 \$113 COPAY	\$45 \$113 COPAY	\$35 \$88 COPAY
Tier 3	\$90 \$225 COPAY	\$90 \$225 COPAY	\$70 \$135 COPAY
Specialty Tier 2 Tier 3	\$150 \$250 COPAY	\$150 \$250 COPAY	\$150 \$250 COPAY



Visit with a doctor 24/7 — whenever, wherever

With a Virtual Visit, you can talk — by phone or video — to a doctor who can diagnose common medical conditions and even prescribe medications, if needed*



Virtual Visits may make it easier than ever to get treated by a doctor

Whether using myuhc.com® or the UnitedHealthcare® app, Virtual Visits let you video chat with a doctor 24/7 — without setting up additional accounts or apps. But, if you'd rather just speak with a doctor, you can simply do a Virtual Visit over the phone. With a UnitedHealthcare plan, your cost for a Virtual Visit is \$0.**

Use a Virtual Visit for these common conditions:

- Allergies
- Flu
- Sore throats
- Bronchitis
- Headaches/migraines
- Stomachaches
- Eye infections
- Rashes
- and more

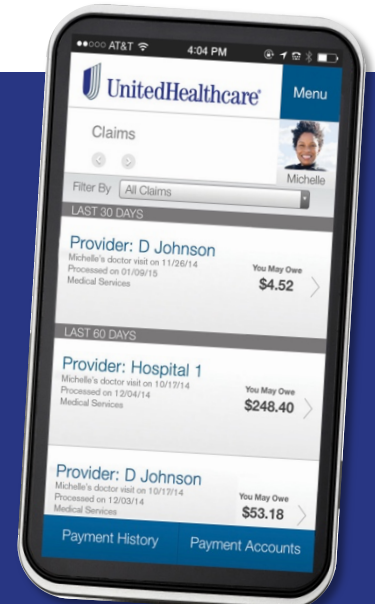
\$0 cost

An estimated 25% of ER visits could be treated with a Virtual Visit — bringing a potential \$2,100*** cost down to \$0

Take care, everywhere

United Healthcare® members can view ID cards, track claims, find in-network providers, check coverage levels, and more — all from your phone. It's a simple, secure way to stay in control of your health.

** \$0 Cost Applies to PPO and EPO Programs, CDHP enrollees pay a reduced fee as required by federal guidelines.





Our Commitment to Your Wellbeing

Earn Up To \$300 In Rewards with UHC

With UHC Rewards, things you're already doing, like tracking your steps or sleep can lead to reward cash. The activities you go for are up to you, and the same goes for ways to spend your earnings. Visit UHC Rewards for a full list of rewardable activities available to you.

Signup for OnePass Gym Memberships with UHC

One Pass Select helps you stay active with access to digital workouts, gyms, and studios—at home or on the go. Plans range from \$10 to \$144/month, and you can switch tiers anytime. Enroll through UHC Rewards and use your earnings to help pay. Family members 18+ can join, and you can use multiple gyms in the same month for maximum flexibility.

Get Healthier with Real Appeal

Real Appeal on Rally Coach™ is a free, proven weight management program included with your benefits. Set achievable goals, track your progress, and get support through virtual group sessions, personalized tips, and a motivating community. UHC members can join now at enroll.realappeal.com.

Quit For Life® on Rally Coach™

Get a personalized Quit Plan, one-on-one coaching, 24/7 tools, group sessions, and real-life tips you can access anytime, anywhere. Ready to take the first step? UHC members can join now at enroll.realappeal.com.

Let's Get Started!

1. Scan the code below to **download the UHC App**
2. **Sign in or register**
3. Select the **Menu** tab and choose **UHC Rewards**
4. Select **Redeem Rewards**



Complete care to help you live a fuller, healthier life

With Kaiser Permanente, our trusted care teams coordinate and personalize all your care – so you can spend more time doing what you love.

Have questions about your plan options?



Visit kp.org/choosekp to get started.

Call **1-800-514-0985 (TTY 711)**

Monday through Friday, 7 a.m. to 6 p.m. PT,
to talk to an enrollment specialist.

Current members with questions can call
Member Services 24 hours a day,
7 days a week (closed holidays).

- **1-800-464-4000** (English and more than 150 languages using interpreter services)
- **1-800-788-0616** (Spanish)
- **1-800-757-7585** (Chinese dialects)
- **711** (TTY)





KAISER PERMANENTE®

Available to Benefit Eligible Employees in
Napa, CA, Windsor, CA, and Vacaville, CA Only

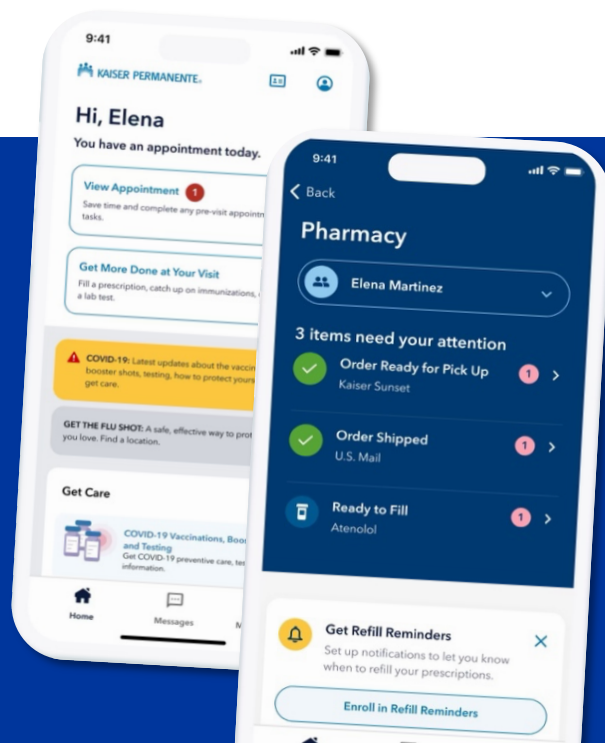
Plan Features	HMO
Preventive Care Covered at 100% There is no additional cost to you for seeing a network provider for preventive care.	
Network Coverage Only You will receive the highest level of coverage by selecting providers in the UHC Network.	

Your Cost for the Most Common Network Services	HMO	
Preventive Care Services	NO COST	
Physician's Office Visits (Primary Care or Specialist)	\$40 COPAY	
Urgent Care	\$40 COPAY	
Emergency Room	DEDUCTIBLE + 30%	
Diagnostic X-Ray & Lab Services	\$40 COPAY	
Complex Diagnostics	DEDUCTIBLE + 30%	
Other Hospital Services	DEDUCTIBLE + 30%	
Deductible (Individual Family)	\$1,000 \$2,000	
Out of Pocket Maximum (Individual Family)	\$6,250 \$12,500	
Prescription Drug Coverage	30 DAY SUPPLY	100 DAY SUPPLY
Tier 1	\$25 COPAY	\$50 COPAY
Tier 2	\$50 COPAY	\$100 COPAY
Specialty Drugs	20% TO \$150	NOT COVERED

There's an App for That!

Kaiser Permanente members can easily access and manage their healthcare anytime, anywhere. View ID cards, track claims, find in-network providers, check coverage levels, and more—all from your phone.

It's a simple, secure way to stay in control of your health.



Keep More, Pay Less – With an FSA or HSA



Take Control & Save Up To 30%

Participating in an HSA or FSA is a smart way to save money on healthcare. Administered by **igoe**, these accounts let you set aside pre-tax dollars to pay for eligible medical, dental, and vision expenses—reducing your taxable income and keeping more money in your pocket. Whether you’re planning for routine care or unexpected costs, an HSA or FSA helps you manage expenses while boosting your financial wellness.

Healthcare Flexible Spending Account (FOR PPO, EPO, HMO ENROLLEES)

A Healthcare FSA lets you set aside pre-tax dollars to pay for eligible medical, dental, and vision expenses not covered by insurance. For 2025, you can contribute up to \$3,300—and up to \$660 can roll over into the following year. Just estimate your expenses, set up payroll deductions, and use your FSA debit card or submit receipts for reimbursement. It’s a smart way to stretch your healthcare dollars further!

Limited Purpose Flexible Spending Account (FOR HDHP ENROLLEES)

If you’re eligible for and plan to contribute to a Health Savings Account (HSA), a Limited Purpose FSA is a smart option to consider. It can be used to reimburse qualified preventive care, dental, and vision expenses. For 2025, the maximum contribution is \$3,300.

Health Savings Account (FOR HDHP ENROLLEES)

When you enroll in the UHC Select Plus High-Deductible Health Plan, you’ll gain access to a Health Savings Account (HSA)—a flexible, tax-advantaged way to save on healthcare. You decide how much to contribute, the money is yours to keep, and it rolls over year after year. Use it to pay for things like deductibles, copays, and other out-of-pocket costs—all while lowering your taxable income and taking control of your health spending.

Dependent Care Flexible Spending Account (ALL EMPLOYEES)

The Dependent Care FSA can be used to pay for childcare expenses for children under 13, or care for a disabled household member who cannot care for themselves. To be eligible, if you are married, your spouse must be working, actively looking for work, or enrolled in school full-time. The maximum contribution is \$5,000.

Commuter Spending Account (ALL EMPLOYEES)

The Commuter Benefits Program can be used to pay for qualified transit passes, vanpooling, commuter highway transportation, and parking expenses. For 2025, the maximum contribution is \$325 per month for both parking and transit. All purchases must be made using the FSA debit card—cash reimbursement is not permitted.

Features & Differences of the HSA, Healthcare FSA, and Limited FSA

Plan Features	Health Savings Accounts (HSA)	Healthcare FSA	Limited FSA
Who Contributes?	Both Wineshipping.com and You	Just You	Just You
Maximum Contribution	\$4,300 Individual, or \$8,550 Family, and \$1,000 if 55 or Older	Up to \$3,300	Up to \$3,300
Contribution from Wineshipping.com	\$1,600 Individual \$3,300 Family	None	None
Eligible Expenses	IRS-approved medical, vision, dental expenses for participant and qualified beneficiaries	IRS-approved medical, vision, dental expenses for participant and qualified beneficiaries	Only IRS-approved vision or dental expenses for participant and qualified beneficiaries
Plan Requirement	Must be enrolled in HDHP	Cannot be enrolled in HDHP	Must be enrolled in HDHP
Tax Advantage	Tax free contributions Tax free interest and investment income	Tax free contributions	Tax free contributions
Rollover or Grace Period	Yes, funds rollover at the end of the year	A maximum of \$660 can rollover for 2 ½ months	A maximum of \$660 can rollover for 2 ½ months
Investment Options	Ability to invest after meeting minimum threshold	No investment options	No investment options
Portability	Yes – HSA contributions stay with the employee even after leaving company	No portability	No portability

Additional Considerations

- If you are enrolled in other non-qualified health coverage, Medicare, or a general Health FSA or HRA, claimed as someone else's tax dependent (except a spouse), or have received non-service-related VA medical care in the past three months, you cannot participate in the HSA.
- Using HSA funds for non-qualified expenses before age 65 may result in taxes and a penalty—so it's important to use the account for eligible healthcare costs only.
- HSA funds can grow tax-free, helping you save more over time—though this may vary by state. Be sure to consult your tax advisor to understand how state tax laws apply to you.



Dental Benefits



Smile Brighter with Smart Dental Coverage

With our **Guardian Dental** PPO plans, you can visit any licensed dentist and choose between two coverage levels: Low PPO or High PPO.

DentalGuard Preferred dentists offer lower rates and file claims on your behalf. To check if your dentist is in-network, scan the QR code to the right or visit <https://www.guardiananytime.com/fpapp/search> and search the DentalGuard Preferred network.

FIND A DENTIST



Plan Features	Guardian Dental Low PPO		Guardian Dental High PPO	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
LOCATION OF SERVICES				
Preventive Services	100%	80%	100%	100%
Basic Services	80%	80%	90%	80%
Major Services	50%	50%	60%	50%
Calendar Year Deductible	\$0	\$50/Person	\$0	\$50/Person
Annual Benefit Maximum	\$1,000/Person		\$2,000/Person	
Orthodontia Services	50% to \$500 Lifetime Maximum		50% to \$2,000 Lifetime Maximum	
Benefit Rollover Allowance	Up to \$1,000/Person		Up to \$1,500/Person	

Vision Benefits



Coverage to Keep Life in Focus

Our vision plan through **UnitedHealthcare** allows you to save on vision services and pay a simple copay at the time of your service. Members going out of network are required to pay upfront and can submit a claim for partial reimbursement. Visit www.myuhcvision.com to find a network provider.

FIND A PROVIDER



Plan Features	UHC Vision	
	NETWORK	OUT OF NETWORK
LOCATION OF SERVICES		
Eye Exam	\$10 Copay	Up to \$40 Allowance
Lenses	\$25 Copay	Up to \$80 Allowance
Frames (30% Discount in Network)	\$200 Allowance	Up to \$45 Allowance
Frequency of Exam, Lenses, Frames, and Contact Lenses	Every 12 Months	
Medically Necessary Contacts (In Lieu of Lenses)	100% Covered	Up to \$210 Allowance
Cosmetic (In Lieu of Lenses)	\$200 Allowance	Up to \$200 Allowance
LASIK	35% Discount	

Short Term Disability Coverage



Protect Your Income When Life Takes an Unexpected Turn

If you're unable to work due to a non-work-related illness or injury, disability coverage helps replace lost income—so you can keep up with essentials and protect what matters most. Your eligibility for benefits depends on whether you're unable to work in your own job or any job, depending on the plan.

No Cost to Participate	Guardian Life
Short Term Disability	Coverage for 60% of your predisability earnings, up to \$2,500 per week, with a maximum of 12 weeks.
State Disability Insurance	Your state of residence may provide wage-replacement disability, for more information contact Human Resources.

Basic Life and AD&D

Coverage That Cares for Your Family's Future

Life insurance provides financial support to your loved ones in the event of your passing, helping them stay secure during a difficult time. If your death is due to an accident—or if you suffer a serious injury like loss of a limb—Accidental Death & Dismemberment (AD&D) coverage offers additional protection. Benefits decrease after age 65.

No Cost to Participate	Guardian Life
Basic Life Insurance	\$50,000 of coverage
Accidental Death & Dismemberment	Coverage varies based on condition, subject to \$50,000 limit

Supplemental Life and AD&D

Peace of Mind for Life's What-Ifs

You can supplement your employer-paid life and AD&D insurance with additional voluntary coverage for yourself and your dependents through payroll deductions with Guardian. Coverage amounts above \$150,000 require health approval. Cost of coverage can be found in the Employee Contribution Rate table at the end of this brochure.

No Cost to Participate	Guardian Life
Employee Coverage	\$10,000 to \$500,000 (Up to \$150,000 Guarantee Issue)
Spouse Coverage	\$5,000 to \$250,000 (Up to \$50,000 Guarantee Issue)
Child Coverage	14 days to age 26, Options of \$5,000 or \$10,000
AD&D Coverage	Option to match purchased amount of supplemental life coverage

Critical Illness Coverage



Extra Support When You Need It Most

Critical illness coverage through Guardian pays cash if you're diagnosed with a covered condition. Whether it's for medical bills, lost income, groceries, travel, or alternative treatments, this benefit helps ease the financial stress so you can focus on getting better. Common covered conditions include cancer, heart attack, stroke, Alzheimer's, and Kidney Failure.

Coverage Options	Guardian Life
Employee Coverage	\$10,000 or \$20,000
Spouse Coverage	Half of the Employee Benefit Election
Child Coverage	Automatically Covered at 25% of Employee Benefit

Hospital Protection Coverage

Coverage That Fills the Gaps

A hospital stay—planned or not—can bring unexpected costs. Voluntary hospital insurance from Guardian provides cash benefits paid directly to you, helping cover what your medical plan might not. Use it for copays, deductibles, travel, childcare, lodging, or lost income—whatever you need most.

Plan Features	Guardian Life
Hospital Confinement – 1 st Day	\$1,000 - Maximum 3 Times Per Family
Hospital Confinement or ICU - Daily	\$100 Per Day – Maximum 15 Days Per Insured

Accident Coverage

Insurance That Covers the Unexpected

Guardian's voluntary accident insurance provides cash benefits for covered injuries and treatments—from ER visits to surgery and therapy. Payments go straight to you, so you can use the funds for medical bills, lost income, or everyday expenses—whatever you need most after an accident.

Plan Features	Guardian Life
Accident Emergency Treatment	\$150
Accident Follow-Up Doctor's Visit	\$25 – Maximum 6 Treatments/Accident Within 90 Days
Ambulance	Ground \$150 / Air \$750
Hospital or ICU Admission	\$1,500
Hospital or ICU Confinement	\$150 Hospital (1 Year Limit) / \$300 ICU (15 Day Limit)
Death Benefit	\$20,000 Employee or Spouse / \$10,000 Child

Note: Voluntary coverage on this page is 100% paid for by the employee with post-tax contributions.

Directory and Resources

ENROLLMENT/ELIGIBILITY	PHONE NUMBER	CONTACT INFORMATION
Online at Paylocity		access.paylocity.com
Human Resources		
Gina Francis	707.690.4793	Gina.Francis@wineshipping.com
Alan Hernandez	707.933.9063	Alan.Hernandez@wineshipping.com
Jose Ibarra	707.703.1460	Jose.Ibarra@wineshipping.com

MEDICAL COVERAGE	GROUP #	PHONE NUMBER	CONTACT INFORMATION
Kaiser HMO	669546	800.464.4000	myuhc.com
UHC EPO	928243	866.663.2446	kaiserpermanente.org
UHC HDHP	928243	866.663.2446	myuhc.com
UHC PPO	928243	866.663.2446	myuhc.com
Health Savings (HSA) or Deductible Reimbursement (HRA)		800.633.8818 Option #1	goigoe.com

DENTAL COVERAGE	GROUP #	PHONE NUMBER	CONTACT INFORMATION
Guardian Low	575120	800.541.7846	guardianlife.com
Guardian High	575120	800.541.7846	guardianlife.com

VISION COVERAGE	GROUP #	PHONE NUMBER	CONTACT INFORMATION
United Healthcare	928243	866.663.2446	myuhcvision.com

LIFE, DISABILITY & WORKSITE	GROUP #	PHONE NUMBER	CONTACT INFORMATION
Guardian Life/AD&D	575120	800.525.4542	guardianlife.com
Guardian Disability	575120	800.538.4583	guardianlife.com
Guardian Critical Illness	575120	800.541.7846	guardianlife.com
Guardian Accident Insurance	575120	800.541.7846	guardianlife.com
Guardian Hospital Indemnity	575120	800.268.2525	guardianlife.com

ACCOUNT BASED BENEFITS	PHONE NUMBER	CONTACT INFORMATION
Flexible Spending (FSA)		
Health Savings (HSA)	800.633.8818	goigoe.com
Deductible Reimbursement (HRA)	Option #1	

WORK-LIFE SUPPORT (EAP)	GROUP #	PHONE NUMBER	CONTACT INFORMATION
Uprise Health	worklife	800.386.7055	worklife.uprisehealth.com

2025/2026 Employee Contribution Rates

UNITED HEALTHCARE EPO	WEEKLY	BI-WEEKLY
Employee Only	\$27.75	\$55.50
Employee & Spouse/Registered Domestic Partner	\$101.33	\$202.66
Employee and Child(ren)	\$69.42	\$138.84
Employee and Family	\$146.86	\$293.72

UNITED HEALTHCARE HDHP	WEEKLY	BI-WEEKLY
Employee Only	\$31.38	\$62.76
Employee & Spouse/Registered Domestic Partner	\$123.65	\$247.30
Employee and Child(ren)	\$98.79	\$197.58
Employee and Family	\$130.00	\$260.00

UNITED HEALTHCARE PPO	WEEKLY	BI-WEEKLY
Employee Only	\$58.26	\$116.52
Employee & Spouse/Registered Domestic Partner	\$170.99	\$341.98
Employee and Child(ren)	\$142.47	\$284.94
Employee and Family	\$243.57	\$487.14

KAISER HMO	WEEKLY	BI-WEEKLY
Employee Only	\$56.31	\$112.62
Employee & Spouse/Registered Domestic Partner	\$168.00	\$336.00
Employee and Child(ren)	\$152.08	\$304.16
Employee and Family	\$232.85	\$465.70

GUARDIAN LOW DENTAL	WEEKLY	BI-WEEKLY
Employee Only	\$1.76	\$3.52
Employee & Spouse/Registered Domestic Partner	\$7.15	\$14.30
Employee and Child(ren)	\$9.14	\$18.28
Employee and Family	\$13.63	\$27.27

GUARDIAN HIGH DENTAL	WEEKLY	BI-WEEKLY
Employee Only	\$2.29	\$4.57
Employee & Spouse/Registered Domestic Partner	\$9.29	\$18.57
Employee and Child(ren)	\$11.87	\$23.75
Employee and Family	\$17.71	\$35.41

UNITED HEALTHCARE VISION	WEEKLY	BI-WEEKLY
Employee Only	\$.39	\$.79
Employee & Spouse/Registered Domestic Partner	\$1.58	\$3.16
Employee and Child(ren)	\$1.62	\$3.24
Employee and Family	\$2.41	\$4.81

2025/2026 Employee Contribution Rates

SUPPLEMENTAL LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT	EMPLOYEE/SPOUSE MONTHLY RATE PER \$1,000
Less than 25	\$0.087
25 – 29	\$0.087
30 – 34	\$0.092
35 – 39	\$0.123
40 – 44	\$0.182
45 – 49	\$0.291
50 – 54	\$0.480
55 – 59	\$0.777
60 – 64	\$1.229
65 – 69	\$2.473
70 or Older	\$4.677
Dependent Child(ren)	\$0.17
AD&D	\$0.04

GUARDIAN CRITICAL ILLNESS RATES SHOWN ARE BI-WEEKLY	EMPLOYEE \$10,000	EMPLOYEE \$20,000	SPOUSE \$5,000	SPOUSE \$10,000
Less than 30	\$1.98	\$3.97	\$0.99	\$1.98
30 – 39	\$2.58	\$5.17	\$1.29	\$2.58
40 – 49	\$5.08	\$10.15	\$2.54	\$5.08
50 – 59	\$10.02	\$20.03	\$5.01	\$10.02
60 – 69	\$17.86	\$35.72	\$8.93	\$17.86
70 or Older	\$32.86	\$65.72	\$16.43	\$32.86

Spouse Premium Calculated on Employee's Age

GUARDIAN HOSPITAL PROTECTION	WEEKLY	BI-WEEKLY
Employee Only	\$3.21	\$6.42
Employee & Spouse/Registered Domestic Partner	\$7.21	\$14.42
Employee and Child(ren)	\$5.44	\$10.88
Employee and Family	\$9.45	\$18.90

GUARDIAN ACCIDENT PROTECTION	WEEKLY	BI-WEEKLY
Employee Only	\$1.53	\$3.06
Employee & Spouse/Registered Domestic Partner	\$2.64	\$5.28
Employee and Child(ren)	\$2.68	\$5.36
Employee and Family	\$3.79	\$7.58

IMPORTANT PLAN NOTICES

This packet of notices related to our health care plan includes a notice regarding how the Plan's prescription drug coverage compares to Medicare Part D. If you or a family member is also enrolled in Medicare Parts A or B but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice from Wineshipping.com LLC About Your Prescription Drug Coverage and Medicare."

HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment 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 or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards 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).

In addition, if you have a new dependent as result of 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, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 60-day period applies to most special enrollments.

To request special enrollment or obtain more information, contact Human Resources at 707.690.4793.

SECTION 125 INFORMATION

This plan is available if an Associate enrolls in the health plan. A Section 125 Plan is a valuable benefit that allows Associates to save tax dollars. Associates may choose this option when they enroll in the health plan. Associate contributions to the health plan will be deducted from their paycheck pre-tax unless they choose otherwise at enrollment. By electing pre-tax coverage in the health plan, employees give Wineshipping.com LLC permission to deduct their premium contribution before tax. Once enrolled, changes can be made only on the plan's anniversary date or as a result of a qualifying event. In the event of a contradiction between the information in this overview and the Section 125 Plan Document, the Plan Document shall be considered the controlling document.

NOTICE OF AVAILABILITY OF THE WINESHIPPING.COM LLC EMPLOYEE BENEFIT PLAN NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION. The Wineshipping.com LLC Employee Benefit Plan (the "Plan") provides health benefits to eligible employees of Wineshipping.com LLC, (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents while providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information.

To receive a copy of the Plan's Notice of Privacy Practices, you can contact Human Resources at gina.francis@wineshipping.com, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights.

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 or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

GINA WARNING FOR PROGRAM MATERIALS REQUESTING MEDICAL INFORMATION

In answering questions as part of Wineshipping.com LLC Employee Benefit Plan, do not include any genetic information.

The Genetic Information Nondiscrimination Act of 2008 (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 an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

The Wineshipping.com LLC Employee Benefit Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema.

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 lymphedemas.

The Wineshipping.com LLC Employee Benefit Plan provides medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please refer to your or contact Human Resources at gina.francis@wineshipping.com.

NOTICE REGARDING WELLNESS PROGRAM

Wineshipping.com LLC may elect to offer a voluntary wellness program that is available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or annual physical.

You are not required to complete the HRA or to participate in the blood test or other medical examinations. However, employees who choose to participate in the wellness program may be eligible for an incentive. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives may be available for employees participating in certain health-related activities or achieving certain health outcomes. If you cannot participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting HR at Wineshipping.com LLC

The information from your HRA and the results from your biometric screening will help you understand your current health and potential risks. They may also be used to offer you services through the wellness program. You are also encouraged to share your results or concerns with your doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information to provide you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are those individuals who you specifically authorize to provide you with services under the wellness program.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please get in touch with human resources at gina.francis@wineshipping.com.

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

IMPORTANT: CONTINUATION COVERAGE RIGHTS UNDER COBRA WITH WINESHIPPING.COM LLC

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, 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 must 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.

A federal law created the right to COBRA continuation coverage, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other family members when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and federal law, review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options 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 must 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;
 - 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 of a qualifying event. 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; or,
- 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 of the qualifying event.

You must notify Wineshipping.com LLC, the Employee Benefits Plan Administrator, and Human Resources.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice of a qualifying event, COBRA continuation coverage will be offered to each qualified beneficiary. 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 for their children.

COBRA continuation coverage is a temporary continuation that generally lasts for 18 months due to employment termination or reduced work hours. 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 the 18-month period of COBRA continuation coverage

If Social Security determines you or anyone in your family covered under the Plan 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 start sometime 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.

Second qualifying event extension of the 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.

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 period¹ 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 (as the primary payer), and COBRA continuation coverage will pay second. Certain plans may pay as if they were 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.

Wineshipping.com LLC
Gina Francis, Human Resources
707.690.4793
gina.francis@wineshipping.com

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

IMPORTANT NOTICE FROM WINESHIPPING.COM LLC ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Wineshipping.com LLC, and about your options under Medicare's prescription drug coverage. This information can help you decide whether to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

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. Wineshipping.com LLC has determined that the prescription drug coverage offered by the Wineshipping.com LLC Employee Benefit Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months before your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information, you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to wait to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty). If after your initial Medicare Part D enrollment period you go 63 continuous days or longer without "creditable" prescription drug coverage (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. However, there are some important exceptions to the late enrollment penalty.

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are "special enrollment periods" that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes "creditable" prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Coordinating Other Coverage with Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the Wineshipping.com LLC Plan due to your employment (or someone else's employment, such as a spouse or parent), your coverage under the Wineshipping.com LLC Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your Wineshipping.com LLC prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact 707.690.4793

You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Wineshipping.com LLC changes. You also may request a copy.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook 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 whether or not you are required to pay a higher premium (a penalty).

Date:	July 1, 2025
Name of Entity/Sender:	Wineshipping.com LLC Human Resources
Address of Sender:	50 Technology Court, Napa, CA, 94558
Phone Number:	707.690.4793



This benefits guide highlights some the benefits of the company's offering and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the carrier's Plan Documents, the Plan Document shall prevail.

wineshipping