

PLAN DOCUMENT AMENDMENT #1

FOR

SALAD COLLECTIVE, LLC

HEALTH AND WELFARE BENEFITS PLAN

EFFECTIVE JANUARY 1, 2026

NOTICE IS HEREBY GIVEN that the Salad Collective, LLC Health and Welfare Benefits Plan document is amended effective January 1, 2026.

CHANGE 1. The item “Prescription Drug Benefit” which appears in the subsection “PPO Preferred & PPO Premier Plans” in the section entitled “ARTICLE V – PRESCRIPTION DRUG BENEFITS SCHEDULES” on page 31 of the Plan Document and Summary Plan Description is hereby deleted in its entirety and replaced with the following:

PPO PREFERRED & PPO PREMIER PLANS

Not all Prescription Drugs are covered.

PRESCRIPTION DRUG BENEFIT	PREFERRED PHARMACY	NON-PREFERRED PHARMACY
Pharmacy Option - 30 Day Supply		
Prescribed Preventive Medications & Contraceptives	No cost to Covered Person, Deductible waived.	Not covered.
Generic Drugs	\$5 Copay/drug, Deductible waived.	\$25 Copay/drug, Deductible waived
Preferred Brand Name Drugs	\$35 Copay/drug, Deductible waived.	\$55 Copay/drug, Deductible waived
Non-Preferred Brand Name Drugs	\$70 Copay/drug, Deductible waived.	\$90 Copay/drug, Deductible waived
Specialty Drugs*	Not covered	Not covered.

PRESCRIPTION DRUG BENEFIT	PREFERRED PHARMACY	NON-PREFERRED PHARMACY
Pharmacy & Mail Order Option - 90 Day Supply		
Prescribed Preventive Medications & Contraceptives	No cost to Covered Person, Deductible waived.	Not covered.
Generic Drugs	\$15 Copay/drug, Deductible waived.	Not covered.
Preferred Brand Name Drugs	\$105 Copay/drug, Deductible waived.	Not covered.
Non-Preferred Brand Name Drugs	\$210 Copay/drug, Deductible waived.	Not covered.
Specialty Drugs*	Not covered.	Not covered.
<p>*Veracity has full authority to work with members to obtain patient assistance/manufacturer programs for specialty drugs since they are not covered under the plan. Members who call in for specialty drug coverage should be directed to (888) 388-8228 or help@veracity-rx.com for assistance with specialty drugs.</p>		
<p>In addition to other coverages provided under the Plan, the Plan provides coverage for certain prescription drugs facilitated by the Plan’s International Vendors.</p> <p>Additional mail-order options are available through VeracityRx via the voluntary International Mail Order program. This program provides up to a 90-day supply of brand name medications via pharmacies in Tier 1 countries (Canada, UK, Australia). The copay is \$0 for covered members. The program does not include any experimental or investigational medications and does not replace the current PBM option for eligible members.</p>		
<p>Refer to the Prescription Drug Benefits for details on the Prescription Drug Program.</p>		
<p>For additional information regarding the Prescription Drug program contact ProCare RX at (855) 828-1484 or visit www.procarerx.com.</p>		

CHANGE 2. The item “Prescription Drug Benefit” which appears in the subsection “HSA Saver Plan” in the section entitled “ARTICLE V – PRESCRIPTION DRUG BENEFITS SCHEDULES” on page 32 of the Plan Document and Summary Plan Description is hereby deleted in its entirety and replaced with the following:

HSA SAVER PLAN

Not all Prescription Drugs are covered.

PRESCRIPTION DRUG BENEFIT	PREFERRED PHARMACY	NON-PREFERRED PHARMACY
Pharmacy Option - 30 Day Supply		
Prescribed Preventive Medications & Contraceptives	No cost to Covered Person, Deductible waived.	Not covered.
Generic Drugs	\$5 Copay/drug, after Deductible is met.	\$25 Copay/drug, after Deductible is met.
Preferred Brand Name Drugs	\$35 Copay/drug, after Deductible is met.	\$55 Copay/drug, after Deductible is met.
Non-Preferred Brand Name Drugs	\$60 Copay/drug, after Deductible is met.	\$80 Copay/drug, after Deductible is met.
Specialty Drugs*	Not covered.	Not covered.
Pharmacy & Mail Order Option - 90 Day Supply		
Prescribed Preventive Medications & Contraceptives	No cost to Covered Person, Deductible waived.	Not covered.
Generic Drugs	\$15 Copay/drug, after Deductible is met.	Not covered.
Preferred Brand Name Drugs	\$105 Copay/drug, after Deductible is met.	Not covered.
Non-Preferred Brand Name Drugs	\$180 Copay/drug, after Deductible is met.	Not covered.
Specialty Drugs*	Not covered.	Not covered.
<p>*Veracity has full authority to work with members to obtain patient assistance/manufacturer programs for specialty drugs since they are not covered under the plan. Members who call in for specialty drug coverage should be directed to (888) 388-8228 or help@veracity-rx.com for assistance with specialty drugs.</p>		
<p>In addition to other coverages provided under the Plan, the Plan provides coverage for certain prescription drugs facilitated by the Plan’s International Vendors.</p> <p>Additional mail-order options are available through VeracityRx via the voluntary International Mail Order program. This program provides up to a 90-day supply of brand name medications via pharmacies in Tier 1 countries (Canada, UK, Australia). The copay is \$0 for covered members. The program does not include any experimental or investigational medications and does not replace the current PBM option for eligible members.</p>		
<p>Refer to the Prescription Drug Benefits for details on the Prescription Drug Program.</p>		
<p>For additional information regarding the Prescription Drug program contact ProCare RX at (855) 828-1484 or visit www.procarerx.com.</p>		

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Copies of the Plan document and this Plan document amendment are maintained on file by the Plan Administrator and by the Benefit Services Manager.

This Health and Welfare Benefits Plan document amendment is hereby adopted in its entirety.

By:  _____
Plan Administrator

Date: 11/4/2025 _____