Benefits Information



for Associates Leaving Albertsons Companies

Benefit	When your benefit ends	Eligibility to continue coverage	Next steps	Important dates & information	Possible payouts
Medical, Dental, Vision, Health Savings Account (HSA) and Employee Assistance Program (EAP)	Coverage for yourself and your dependent(s) ends on your last day of employment. However, you may be able to continue coverage under COBRA for you and/or your dependents. In addition to COBRA, you may want to visit <u>HealthCare.gov</u> to learn about the medical plans available in your state through the Affordable Care Act. Assorted plans may be available to you at different costs. Depending on your income, you may be eligible for a government subsidy.	 You and/or your eligible dependent(s) may be able to continue your medical, dental, vision and EAP coverage through COBRA, at your own expense, if you: Have coverage on your last day of employment at the Company (or last day prior to a leave of absence if you don't return to work), and Want to keep the same coverage you currently have. Government regulations and your individual circumstances determine the length of time you're eligible for COBRA coverage. If your medical coverage is through an HMO, you may be able to convert your coverage to an individual policy when your COBRA coverage ends. Contact your HMO for details. 	The Company will notify Health Equity, the COBRA administrator, of your right to elect COBRA continuation coverage. The COBRA administrator will mail COBRA information to you within 10 days after they receive notification of your termination. If you don't receive the notice, call Health Equity at 877-722-2667. To elect COBRA continuation coverage, follow the instructions in the Health Equity information mailed to your home. If you elect to continue coverage through COBRA and pay the required premiums, COBRA coverage will be effective on the day after your Company coverage ends.	If you don't elect COBRA coverage within the 60-day eligibility period, you'll lose the right to elect COBRA coverage. You may cancel COBRA coverage at any time by ceasing to pay the premiums. Note that conditions and restrictions apply to COBRA continuation coverage. For more information, contact Health Equity at 877-722-2667. If you have a Health Savings Account (HSA), the funds in your account belong to you, but all fees associated with your account will become your responsibility after you leave the Company. Contact Fidelity, the HSA administrator, at 866-956-3433.	If you have an HSA, you can keep it, but you'll have to pay the monthly account fee. If you do not wish to maintain it, you can close your account by contacting Fidelity, the HSA administrator, at 866-956-3433 . IMPORTANT: Keep in mind that if you're under 65, you'll have to pay taxes and a penalty on any HSA funds paid out to you.
Health Care and Dependent Day Care Flexible Spending Accounts (FSA)	Contributions to an FSA stop on your last day of employment. You may be able continue your Health Care FSA under COBRA. Continuation of your Dependent Day Care FSA is not available.	You may be able to continue participating in a Health Care FSA under COBRA. Keep in mind contributions to your Health Care FSA under COBRA are made post- tax and will allow you to have continued access to the funds in your Health Care FSA.	To elect COBRA continuation coverage, follow the instructions in the Health Equity information mailed to your home. If you elect to continue a Health Care FSA through COBRA, contact HealthEquity, the FSA administrator, at 866-346-5800 on how to make post-tax contributions to our account.	You have 90 days from the last day of the plan year to submit claims for reimburse- ment to HealthEquity, the FSA administrator. You cannot submit Health Care FSA claims for expenses incurred after your termination date unless you continue under COBRA. You can submit claims for Dependent Day Care FSA expenses incurred through the last day of the plan year in which you terminated.	N/A

Albertsons

Companies

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Benefit	When your benefit ends	Eligibility to continue coverage	Next steps	Important dates & information	Possible payouts
Basic and Optional Life and AD&D Insurance	Coverage for yourself and your dependents ends on your last day of employment.	In most circumstances, you have options to convert a portion of your basic and optional coverage for yourself and your dependents to individual policies.	 The Hartford will mail a Notice of Conversion and/or Portability Rights to you home which explains your options to: Convert your coverage to an individual policy that accumulates cash value; or Obtain a group life insurance policy to continue 50%, 75% or 100% of the amount of life insurance coverage you had under Albertsons group policy on the date of your termination. Carefully review the Notice of Conversion and/or Portability Rights paying close attention to eligibility requirements and the time periods and deadline dates to request conversion to an individual policy or to obtain a group life insurance policy. 	You must submit an application and premium to The Hartford within 60 days from the date the Notice of Conversion and/or Portability Rights is signed by Albertsons if you wish to obtain coverage for yourself and/or your dependents. your last day of employment, you will be unable to convert any basic and supplemental coverage for yourself and your dependents. If you have questions, contact The Hartford Portability and Conversion Unit at 877-320-0484 .	N/A
Short-term Disability	Coverage will end on your last day of employment	N/A	N/A	N/A	N/A
Long-term Disability	Coverage will end on your last day of employment.*	You may be able to convert your long-term disability (LTD) coverage to an individual policy.	Contact The Associate Experience Center at 888-255-2269, Option 2 to request a conversion form and additional information.	N/A	N/A
Aflac Voluntary Plans • Accident • Critical illness • Hospital indemnity	Coverage for yourself and your dependents will end on your last day of employment. However, you can continue any Aflac voluntary coverage directly through Aflac.	To continue coverage, contact Aflac to set up a direct billing arrangement to pay your premiums for your Aflac coverage after your last day of employment.	Call Aflac at 800-433-3036 and request to continue your coverage	To continue Aflac coverage, contact Aflac and send your premium payment within 60 days of your last day of employment. Premiums are usually due in advance of each month's coverage. You will receive a bill from Aflac each month for the following month's coverage.	N/A

* Benefit payments for associates with existing, approved short or long-term disability claims may continue past the last day of employment.



Benefit	When your benefit ends	Eligibility to continue coverage	Next steps	Important dates & information	Possible payouts
401(k) Savings Plan	You will no longer be able to contribute to your 401(k) Plan account once you employment with the Company ends. Your account in the 401(k) Plan will continue to be credited with earnings and losses until you receive a total payout of your account.	You may not continue to contribute to your 401(k) Plan account once your employment with the Company ends, but your account will stay in the Plan and will continue to be credited with earnings and losses until you receive a payout of your total vested Plan balance. You are entitled to receive a payout of your total balance in the 401(k) Plan including any of the following subject to earnings and losses: • Contributions you made, including rollovers • Vested Company matching contributions	You can initiate a distribution of the vested balance of your 401(k) Plan account at any time once your employment with the Company ends. A termination package including information regarding your payout options will be sent to you from Fidelity. If you don't receive a termination package, contact Fidelity at 866-956-3433.	 To receive any discretionary contributions from the Company, you must meet the matching contribution requirements, including: Completion of 1,000 hours of service as of your one year anniversary or as of the end of the next plan year. You must be actively employed on the last day of the plan year for which any matching contributions apply. Union associates may be subject to an alternative matching contribution formula. Please contact your union representative for details. If you leave the Company with an outstanding 401(k) Plan loan, you can continue to replay your loan. Contact Fidelity at 866-956-3433 for more information. If you do not repay your loan, it will be defaulted and the outstanding balance will become taxable. 	You will automatically receive a payout if: • Your total 401(k) Plan balance is \$1,000 or less. You may request a payout in the form of: • A check • A rollover to another employer plan • A rollover to an Individual Retirement Account (IRA) Talk with your tax advisor to understand how any type of payout could affect your tax situation.

Benefits Information for Associates Leaving Albertsons Companies



Benefit	When your benefit ends	Eligibility to continue coverage	Next steps	Important dates & information	Possible payouts
Pension Plan - Employee Retirement Plan of Safeway Inc. and Its Domestic Subsidiaries	N/A	N/A	Contact the Pension Service Center directly at 866-225-0594 (or through the Associate Experience Center at 888-255-2269 Option 2, then Option 6 for pension) to find out if you are eligible for benefits under the plan and what you need to do to claim any benefits for which you may be eligible.	The plan was closed to new non-union participants effective April 1, 2015. Non-union accruals were frozen effective December 30, 2018. The plan is active for participants covered under a collective bargaining agreement including locals 7, 24, 25, 26,30, 78, 99, 114, 117, 118, 174, 193, 218, 394, 455, 519, 639, 730, 853, 920, 1486 and 2082	View information under Next steps to find out if you are eligible for benefits under the plan.
Pension Plan— Shaw's Supermarkets, Inc. Pension Plan for Union Employees	N/A	N/A	Contact the Pension Service Center directly at 866-225-0594 (or through the Associate Experience Center at 888-255-2269 Option 2, then Option 6 for pension) to find out if you are eligible for benefits under the plan and what you need to do to claim any benefits for which you may be eligible.	Participants covered under a collective bargaining agreement including locals 2, 190, 222, 371, 464A, 483, 791, 983 and 1445 may have an accrued pension benefit under the plan.	View information under Next steps to find out if you are eligible for benefits under the plan.
Pension Plan— Retirement Plan for Employees of United Supermarkets, LLC	N/A	N/A	Contact United Supermarkets Benefits Department at 806-791-0220 to find out if you are eligible for benefits under the plan and what you need to do to claim any benefits for which you may be eligible.	Then plan was closed to new participants and contributions were frozen effective March 31, 2006.	View information under Next steps to find out if you are eligible for benefits under the plan.

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In-store Discount	Your associate in-store discount* (10% on own- brand products, 5% on national brand products) will end on your last day of employment. * United and Haggen associates are not eligible for this benefit.	N/A	N/A	N/A	N/A
Vacation, Paid Time Off or Flexible Time Off	Vacation or PTO accrual ends on our last day of employment. Eligibility to take FTO ends on your last day of employment.	N/A	N/A	FTO is not accrued or earned. There is no specific amount of time provided and there is no balance or possible payout.	Hourly and salaried associates in stores, distribution centers and plants: Vacation or PTO earned but unused will be paid out to you on your final paycheck. Hourly associates in corporate and division offices Any PTO earned but unused will be paid out on your final paycheck. Salaried associates in corporate and division offices Any frozen vacation or PTO hours that remain unused will be paid out on your final paycheck.
Sick Pay	Eligibility to take sick pay ends on your last day of employment.	N/A	N/A	N/A	Unused sick pay is not paid out upon termination of employment, unless required by state/local law.