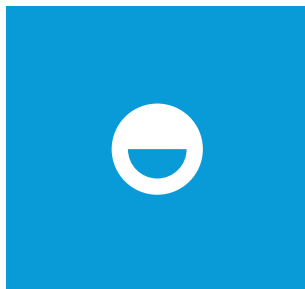
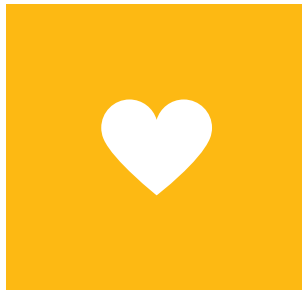


# BENEFITS FOR life's **moments**



*Campbell's*

**2021 Annual Enrollment Guide**  
U.S. Salaried and Hourly Employees

# It's that time of year.

Campbell offers a menu of benefits to support you and your family's physical, emotional and financial well-being.

Inside you will find important information about your Campbell benefits, what's changing for 2021 and what you need to do during Annual Enrollment — November 2-13, 2020.



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# Enrollment To-Dos

## Annual Enrollment for 2021 is November 2–13, 2020

This is your opportunity to choose the benefits you and your family need for the year ahead.

### 1 FIND OUT WHAT'S CHANGING

You'll have a new prescription drug provider.

### 2 BRUSH UP ON THE BASICS

Know what you need to do, who you can cover, and when you can make changes.

### 3 COMPARE YOUR OPTIONS

Use [pages 8–21](#) of this guide to compare your benefit options and access information to help you choose well during Annual Enrollment.

### 4 ENROLL ONLINE OR BY PHONE

You can enroll online from your smartphone, tablet or computer, or call the Campbell Benefits Center. See *How to Enroll* on [page 22](#).

### 5 COMPLETE NEXT STEPS

You may need to take action after enrollment closes, such as providing documentation to verify dependents added to your coverage. See *After You Enroll* on [page 24](#).

### 6 USE YOUR BENEFITS

Review this section for useful tips on how to get the most out of your benefits throughout the year. See *Using Your Benefits* on [page 26](#).



#### WHAT HAPPENS IF I DON'T ENROLL BY NOVEMBER 13?

If you don't enroll by the enrollment deadline, your current elections and designations (such as tobacco status and spousal surcharge) will continue automatically for 2021 — except for the HCFSAs or DCFSAs, which must be elected each year. Remember, after Annual Enrollment closes, you can only change your benefits for 2021 if you experience a qualifying event (see [page 27](#)).



#### NEED HELP?

The experts at Health Advocate provide free help understanding your plan options — before and after you enroll.

▪ Call **866-695-8622**

▪ Visit [www.HealthAdvocate.com/Campbell](http://www.HealthAdvocate.com/Campbell)

The Campbell Benefits Center can help you enroll or make changes.



# What's Changing

For 2021, there's one important change.

And a few smaller updates to make our benefit plans work better for you.

## A NEW PRESCRIPTION DRUG PROVIDER

### CVS Caremark

We are partnering with CVS Caremark to manage our prescription drug benefits for 2021. Why the change? As we thought about the employee experience, we recognized an opportunity to bring **better cost, quality and service** to our prescription drug plan. After a competitive bidding process, CVS Caremark offered a clear advantage to you and the Company. Read on to learn what this new partnership means for you.

### Same Plan Design

We're not changing the basic structure of how pharmacy benefits are covered (see [page 11](#)).

### Expanded Pharmacy Network

You'll have access to a national network of retail and mail-order pharmacies — not just CVS stores.

### New Formulary Lists

CVS Caremark's formulary list may be different than Express Scripts for certain medications. You may need to make some changes on or after January 1, 2021.

### New Prescription Drug ID Card

You will receive a new CVS Caremark prescription drug ID card in December 2020. Please continue to use your Express Scripts card through December 31, 2020.

## AND A FEW MORE IMPROVEMENTS

### Save More with Health Accounts

The IRS increased how much you can contribute to a Health Care FSA or Health Savings Account (HSA) and expanded the list of eligible items to include over-the-counter medicines and feminine care products. See [page 18](#) for details.

### Simpler Voluntary AD&D Options

Currently, Voluntary Accidental Death and Dismemberment (AD&D) Insurance coverage is based on a multiple of your annual base pay. In 2021, Voluntary AD&D coverage will be available in flat dollar amounts, so you can purchase coverage in \$50,000 increments up to the \$500,000 maximum. If you are currently enrolled, your coverage will be automatically mapped to the nearest \$50,000 coverage increment. You can enroll or make changes during Annual Enrollment.

### Voluntary Life Based on Current Pay

Today, Voluntary Employee Life Insurance is based on your annual base pay from the prior year, which can be out of date if your salary increases during the year. In 2021, coverage will be based on your current pay so it will change automatically if your annual base pay changes.

**Everything else stays the same — including your contribution rates, the benefits we offer and the coverage they provide.**



### LEARN MORE ABOUT CVS CAREMARK

Beginning November 2, 2020, you can learn more by visiting [www.caremark.com](http://www.caremark.com) or calling 833-956-1791.



# Benefits Basics

## WHEN YOU CAN ENROLL

You can sign up and change your coverage only during certain enrollment periods based on IRS rules. You can make changes during the year if you have a qualified life event (see [page 27](#)).



### New Hire Enrollment

You have 30 days following your date of hire to choose Campbell benefits for the first time. If you miss the deadline, you will be automatically enrolled in default coverage.



### Annual Enrollment

Once a year, you have the chance to make changes to your benefits for the year ahead. For 2021, the Annual Enrollment period is November 2-13, 2020.

## WHO IS ELIGIBLE

You are eligible for Campbell benefits on your first day of employment if you are scheduled to work at least 20 hours per week. (There is no waiting period before coverage goes into effect.)

**Please note:** If you are an hourly employee at our Paris or Napoleon plants, eligibility for benefits is determined by your Collective Bargaining Agreement (CBA).



## IS YOUR SPOUSE/DOMESTIC PARTNER EMPLOYED?

If you choose to cover a spouse/domestic partner who has access to medical coverage through his or her employer, expect to pay a surcharge. To save money, consider having your spouse enroll in his or her employer's coverage. You'll find more information in the Alternative Coverage Decision guide at [www.campbellplanwizard.com/Guide/AltCov/](http://www.campbellplanwizard.com/Guide/AltCov/).

## WHO YOU CAN COVER

You can enroll yourself and your eligible family members in Campbell benefits. Eligible dependents are:

- Your spouse
- Your same- or opposite-sex domestic partner
- Your children through the end of the year in which they reach age 26
  - Eligible children include your natural children, your spouse's or domestic partner's natural children; adopted children; foster children; stepchildren and legal wards
- Your disabled children age 26 or older, provided they became disabled prior to age 26 and you have successfully completed the disabled dependent eligibility process

**You must complete the dependent verification process for all newly added dependents.** See *After You Enroll* on [page 25](#) for details.

## BASIC LINGO

Here are a few benefit key terms to know as you compare your options.

### Deductible

The deductible is the amount you pay out of your own pocket for covered medical services before the plan begins to pay benefits. For certain services like preventive care, you do not have to pay the deductible amount before the plan begins to pay benefits.

### Coinsurance

Once you pay the annual deductible, you and the plan share the cost of covered expenses, up to the out-of-pocket maximum. Coinsurance is usually expressed as a percentage; for example, if your insurance plan pays 80 percent of an eligible expense, you're responsible for paying the remaining 20 percent.

### Out-of-Pocket Maximum

The annual out-of-pocket maximum (OOPM) is the most that you have to pay for covered health care services (out of your pocket) in a calendar year before the plan starts to pay 100 percent of covered expenses. Deductibles, copays and coinsurance count toward the out-of-pocket maximum.

### Network

Our medical plans use a network of physicians and facilities contracted by Aetna or Horizon BlueCross BlueShield to provide services within negotiated price boundaries. You and Campbell both pay less when you choose in-network providers.

### Contribution

Your contribution (also called a rate or premium) is the amount of money deducted from your paycheck to pay for your Campbell benefit coverage.



# Medical and Prescription Drug

How you pay for health care services and prescription drugs differs based on the medical plan option you elect.



## OPTION 1

### CDHP + HSA

#### CONSUMER DRIVEN HEALTH PLAN

The **CDHP** is a high deductible plan — and it's the only one that comes with a Health Savings Account (HSA). The monthly contribution cost is lower, but you have to pay more health care costs yourself (the deductible) before the plan starts to pay its share (except for preventive care, which is not subject to the deductible). After you meet the deductible, the plan shares the cost of covered services. Once you meet your out-of-pocket maximum (OOPM), the plan pays 100 percent of eligible expenses for the remainder of the year.



#### PRESCRIPTIONS DRUGS

If you choose the **CDHP + HSA**, you will need to meet the medical deductible before the plan shares the cost of prescription drugs with you. However, generic preventive prescription drugs are covered at 100 percent with no deductible. Both medical and prescription drug costs count toward a single OOPM.

## OPTIONS 2 & 3

70/30 OR 80/20

#### TRADITIONAL PLANS

The **70/30** and **80/20** options are traditional medical plans. You pay an annual deductible before the plan begins to share the cost of services (except for preventive care, which is not subject to the deductible). The medical deductible is lower than for the CDHP, but there's a separate OOPM for prescription drugs, and you pay a higher contribution from each paycheck. Once you meet the deductible, you pay a percentage of the amount allowed under the plan, which is called coinsurance.



#### PRESCRIPTION DRUGS

If you choose the **70/30** or **80/20** option, you pay your share (coinsurance) of the prescription cost or a minimum copay. You don't have to meet the deductible before the plan pays for prescription drugs — it simply does not apply. You also have a separate, lower prescription drug OOPM. This means the plan will pay 100 percent of your prescription drug costs once you meet this annual OOPM. However, this also means that your prescription drug costs do not count toward the medical OOPM.

## \$ EMBEDDED DEDUCTIBLE FOR FAMILIES

If you elect to cover dependents under the CDHP, the “embedded” deductible and OOPM help limit how much you have to pay if one family member needs a lot of care. If one person meets the \$2,800 embedded deductible, the plan begins sharing the cost (coinsurance) for that person. If one person meets the \$6,650 embedded OOPM, the plan will pay 100 percent of eligible expenses for that person for the remainder of the plan year.



## THE (NOT SO) HIGH DEDUCTIBLE PLAN

Don't be put off by the CDHP's high deductible — it tells only part of the story. Get the full scoop by watching this short video:

English: [www.campbellplanwizard.com/notsohighdeductible](http://www.campbellplanwizard.com/notsohighdeductible)

Spanish: [www.campbellplanwizard.com/notsohighdeductiblespanish/](http://www.campbellplanwizard.com/notsohighdeductiblespanish/)

HOW MEDICAL OPTIONS COMPARE

WHAT YOU PAY	CDHP + HSA		70/30		80/20	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
ANNUAL LIMITS						
COVERAGE LEVEL: INDIVIDUAL						
Deductible <sup>2</sup>	\$2,000	\$5,000	\$1,000	\$3,000	\$500	\$1,000
Out-of-Pocket Maximum <sup>2</sup>	\$6,550	\$13,100	\$4,000	\$11,000	\$2,000	\$4,000
COVERAGE LEVEL: FAMILY						
Deductible <sup>2</sup>	\$4,000 with individual limit of \$2,800	\$10,000 with individual limit of \$5,000	\$2,000	\$6,000	\$1,000	\$2,000
Out-of-Pocket Maximum <sup>2</sup>	\$13,100 with individual limit of \$6,650	\$26,200 with individual limit of \$13,100	\$8,000	\$22,000	\$4,000	\$8,000
WHAT YOU PAY FOR MEDICAL SERVICES						
PREVENTIVE CARE						
Well-Check Visits Immunizations <sup>3</sup>	\$0	40% after deductible	\$0	40% after deductible	\$0	40% after deductible
DIAGNOSTIC CARE						
Office Visits	30% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible
Amwell Telehealth <sup>4</sup>	0% after deductible	Not applicable	30% after deductible	Not applicable	20% after deductible	Not applicable
Emergency Care	30% after deductible		30% after \$150 copay (waived if admitted)		20% after \$150 copay (waived if admitted)	
Hospital Laboratory X-ray	30% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible

<sup>1</sup> Out-of-network benefits are subject to usual and customary (U&C) limits. You are responsible for amounts above U&C limits.

<sup>2</sup> Covered expenses count toward both the in- and out-of-network deductible and out-of-pocket maximum amounts.

<sup>3</sup> Excludes immunizations for personal international travel.

<sup>4</sup> You pay 100% of the cost of virtual health visits up front and Amwell submits a claim to your medical plan for reimbursement.

HOW PRESCRIPTION DRUG COVERAGE COMPARES

WHAT YOU PAY	CDHP + HSA	70/30	80/20
	In-Network	In-Network	In-Network
ANNUAL LIMITS			
Prescription Drug Out-of-Pocket Maximum	Integrated with medical	Separate from medical \$1,500 individual \$3,000 family	Separate from medical \$1,500 individual \$3,000 family
WHAT YOU PAY FOR PRESCRIPTION DRUGS			
PREVENTIVE			
Generic	\$0 <sup>1</sup>	15% with \$10 minimum	15% with \$10 minimum
Brand Formulary <sup>2</sup>	20% <sup>1</sup>	30% with \$25 minimum	30% with \$25 minimum
RETAIL (UP TO 30-DAY SUPPLY)			
Generic	15% after deductible	15% with \$10 minimum	15% with \$10 minimum
Brand Formulary <sup>2</sup>	30% after deductible	30% with \$25 minimum	30% with \$25 minimum
Brand Non-Formulary <sup>2</sup>	40% after deductible	40% with \$50 minimum	40% with \$50 minimum
MAIL ORDER (UP TO 90-DAY SUPPLY)			
Generic	15% after deductible	15% with \$20 minimum	15% with \$20 minimum
Brand Formulary <sup>2</sup>	30% after deductible	30% with \$50 minimum	30% with \$50 minimum
Brand Non-Formulary	40% after deductible	40% with \$100 minimum	40% with \$100 minimum

<sup>1</sup> Applies to preventive retail and mail-order prescriptions.

<sup>2</sup> You will pay a penalty if you choose a brand-name drug that has a generic equivalent. You will pay your share of the cost for the brand-name drug PLUS the difference between the generic drug and the brand-name drug. To save money, always ask if a generic is available.







HOW CAN I AVOID THE SURCHARGES?

The tobacco surcharge applies if you or your covered spouse/domestic partner use tobacco or nicotine products. You set the tobacco status for yourself and your spouse/partner when you enroll. Campbell offers free resources to help you quit tobacco through the Quit for Life program. If all covered tobacco users complete the program, the tobacco surcharge can be removed on a go-forward basis. Visit [www.quitnow.net](http://www.quitnow.net) to get started.

The alternative coverage fee applies if you cover your spouse/domestic partner and he or she has medical coverage available through his or her employer. If your spouse/domestic partner’s employment status has changed, you will need to call or log in to the Campbell Benefits Center during the enrollment period to update your status.

YOUR MONTHLY CONTRIBUTIONS FOR MEDICAL AND PRESCRIPTION DRUG

Your contributions are not increasing for 2021.

Both Campbell and you share the cost of coverage. Your monthly share of the cost of 2021 medical and prescription drug coverage is based on your employment status.

SALARIED EXEMPT	CDHP + HSA	70/30	80/20
COVERAGE TIER		MONTHLY CONTRIBUTIONS	
Employee Only	\$31	\$95	\$156
Employee + Spouse	\$105	\$304	\$458
Employee + Child(ren)	\$63	\$193	\$305
Family	\$147	\$438	\$657

SALARIED NON-EXEMPT	CDHP + HSA	70/30	80/20
COVERAGE TIER		MONTHLY CONTRIBUTIONS	
Employee Only	\$25	\$80	\$126
Employee + Spouse	\$85	\$240	\$333
Employee + Child(ren)	\$50	\$148	\$263
Family	\$120	\$330	\$515

HOURLY	CDHP + HSA	70/30	80/20
COVERAGE TIER		MONTHLY CONTRIBUTIONS	
Employee Only	\$15	\$52	\$108
Employee + Spouse	\$46	\$158	\$278
Employee + Child(ren)	\$36	\$100	\$213
Family	\$71	\$218	\$416

**Tobacco Surcharge:** Add \$50 per month if you or your covered spouse/domestic partner uses tobacco.

**Alternative Coverage Fee:** Add \$100 per month if you cover your spouse/domestic partner AND he or she has coverage available through his or her employer.



MEDICAL CARRIERS BY LOCATION

Your medical plan administrator is based on your work location.

Horizon BCBS	Aetna
Ashland	Beloit
Bloomfield	Columbus
Brownsburg	Denver
Charlotte	Downingtown
Downers Grove	East Brunswick
Field Sales (except World Headquarters)	Franklin
Goodyear	Hanover
Hyannis	Lakeland
Jeffersonville	Milwaukee (Southeast Wisconsin)
Maxton	Pacific Foods
Napoleon	Richmond
Norwalk	Salem
Paris	World Headquarters
Remote Employees	
Willard	

FIND IN-NETWORK PROVIDERS

Regardless of which medical option you choose, you will pay less for health care when you use your plan’s network of physicians, hospitals, labs and other providers.

Horizon BCBS	Aetna
<ul style="list-style-type: none"><li>Visit <a href="http://www.HorizonBlue.com/Campbell">www.HorizonBlue.com/Campbell</a></li><li>Click <b>Find a Doctor</b></li><li>On the Find a Provider page, select <b>National Doctor and Hospital Finder: BlueCard PPO</b></li><li>On the National Doctor and Hospital Finder page, enter your doctor’s name or what you want to search for in the <b>Advanced Search</b> field</li></ul>	<ul style="list-style-type: none"><li>Visit <a href="http://www.Aetna.com">www.Aetna.com</a></li><li>Scroll down and click <b>Find a doctor</b></li><li>Click <b>Plan from an employer</b></li><li>Enter your home location</li><li>Choose <b>Aetna Choice POS II (Open Access OAMC)</b> from the Select a Plan menu</li><li>Enter your provider’s name in the search bar or search by category</li></ul>
OR	OR
Call <b>844-383-2325</b> 8 a.m.–8 p.m. ET, Monday through Friday	Call <b>800-847-8982</b> 8 a.m.–6 p.m. ET, Monday through Friday
CVS Caremark	
To see if your pharmacy is in the CVS Caremark network: <ul style="list-style-type: none"><li>Visit <a href="http://www.caremark.com">www.caremark.com</a></li><li>Call <b>833-956-1791</b> 8 a.m.–8 p.m. ET (beginning November 2020)</li></ul>	





# Dental

You can choose from two dental plans administered by MetLife. Both plans feature no deductible for services provided by in-network providers and pay for a wide range of services, including free teeth cleaning and help with the cost of orthodontia (braces) for children and adults. You can go to any dentist you want, but you will pay more if you go out-of-network.<sup>1</sup> To find an in-network dentist, visit [www.MetLife.com](http://www.MetLife.com), enter your **ZIP Code** and select **PDP Plus** as your network.

	Standard Plus		Premier Plus	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
ANNUAL LIMITS				
Annual Deductible <sup>2</sup>	\$0	\$50 individual \$150 family	\$0	\$50 individual \$150 family
Annual Maximum Benefit <sup>3</sup> (the most the plan will pay)	\$2,000 per covered family member	\$1,500 per covered family member	\$3,000 per covered family member	\$2,500 per covered family member
WHAT YOU PAY FOR DENTAL SERVICES				
Preventive Services	\$0	20%	\$0	20%
Basic/Restorative Services	30%	50% after deductible	10%	30% after deductible
Major Services	50%	70% after deductible	40%	60% after deductible
ORTHODONTIA SERVICES (CHILDREN AND ADULTS)				
Covered Expenses	50%	70% after deductible	50%	70% after deductible
Lifetime Maximum Benefit <sup>4</sup>	\$1,000 per covered family member	\$1,000 per covered family member	\$2,000 per covered family member	\$2,000 per covered family member

<sup>1</sup> Out-of-network benefits are subject to usual and customary (U&C) limits; charges above these limits are your responsibility.

<sup>2</sup> Both in- and out-of-network expenses count toward meeting the annual deductible.

<sup>3</sup> The annual maximum benefit is the most the plan will pay for in- and out-of-network dental services combined.

<sup>4</sup> Orthodontia benefits paid by this plan and any other previous plan count toward this lifetime maximum.

## MONTHLY DENTAL CONTRIBUTIONS

COVERAGE TIER		
Employee Only	\$8	\$16
Employee + Spouse	\$15	\$34
Employee + Child(ren)	\$17	\$37
Family	\$27	\$60

# Vision

You can elect VSP vision coverage for yourself and your family. You can choose to go to any vision care provider you want, but you will pay more if you go out-of-network. To find a network eye care provider, visit [www.vsp.com](http://www.vsp.com), select **Find a Doctor**, enter your **ZIP Code** and search.

Here's what vision coverage includes:

- **Free eye exams.** If you use an in-network provider, the plan will cover 100 percent of your eye exam once per calendar year.
- **Glasses or contacts each year.** If you use an in-network provider, you'll be reimbursed for the difference between the \$25 copay and the allowance for glasses or contact lenses each year.
- **Additional discounts.** You will receive a special vision card that will entitle you to discounts on lenses, frames and contact lenses from a variety of vision care providers.

	Vision Plan	
	In-Network	Out-of-Network
Vision Exam	\$0	\$45 allowance
Prescription Glasses <sup>1</sup>	\$25 copay	\$25 copay
Frames	\$150 allowance	\$75 allowance
Lenses — Single Vision	Included in prescription glasses	\$40 allowance
Lenses — Lined Bifocal	Included in prescription glasses	\$60 allowance
Lenses — Trifocal	Included in prescription glasses	\$100 allowance
Lens Enhancements	See VSP vision benefit summary for allowances	See VSP vision benefit summary for allowances
Contacts <sup>1</sup>	\$125 allowance	\$105 allowance
Contacts Lens Exam	Up to \$60 copay <sup>2</sup>	Not covered

<sup>1</sup> You have the choice between prescription glasses or contacts once per calendar year.

<sup>2</sup> The copay will not exceed \$60.

## MONTHLY VISION CONTRIBUTIONS

COVERAGE TIER	
Employee Only	\$6.36
Employee + Spouse	\$11.88
Employee + Child(ren)	\$12.48
Family	\$19.18





# Accounts


The IRS allows you to avoid paying taxes on eligible health care expenses.

## HSA

### Health Savings Account

An HSA is a **triple tax-advantaged savings account** that you can use to pay eligible out-of-pocket health care expenses now or in the future. If you enroll in the **CDHP + HSA** medical plan and accept the terms and conditions, Campbell will automatically open an HSA for you. You may contribute to your HSA up to annual IRS limits through payroll deductions and Campbell will also contribute. Campbell's contribution is prorated based on when your medical plan takes effect and your HSA is fully open.

You can change your HSA contributions at any time. HSA account balances roll over from year to year, and funds can be invested in a variety of options once you have at least \$1,000 in your account. You keep this money, even if you retire or leave Campbell. Please keep in mind that some state tax regulations vary from the federal regulations described here.



2021 HSA AMOUNTS	Employee Only		Employee + Spouse, Children Or Family	
	Under Age 55	Age 55+	Under Age 55	Age 55+
Annual IRS Limit	\$3,600	\$4,600	\$7,200	\$8,200
Campbell Contribution	\$500	\$500	\$1,000	\$1,000
You May Contribute Up to	\$3,100	\$4,100	\$6,200	\$7,200

## HCFSA

### Health Care Flexible Spending Account

If you elect the **70/30** or **80/20** medical plan, you can open a HCFSA and contribute up to \$2,750 tax-free from your paycheck to reimburse yourself for out-of-pocket expenses, such as your portion of the medical deductible, prescription drugs, and eligible dental and vision expenses. The full value of your contribution is available January 1 or retroactive to your date of hire or qualifying event change.

It's important to estimate carefully, because your total HCFSA contributions (from your previous employer, if applicable) for the year cannot exceed IRS limits and any balance remaining at the end of the year will be forfeited. **You must sign up for the HCFSA each year** (it will not continue automatically).

The IRS also allows you to avoid paying taxes on eligible dependent care, elder care and commuter expenses.

## DCFSA

### Dependent Care Flexible Spending Account

The DCFSA allows you to set aside up to \$5,000 before-tax if single or married filing jointly (up to \$2,500 if married filing separately) for eligible day care costs for children under age 13 or dependent parents. Day care expenses include nursery schools, day care centers, adult day care centers, in-home providers and before- and after-school care. Unlike the HCFSA, you can only be reimbursed with money actually in your account during 2021. It's important to estimate carefully, because any balance remaining at the end of the year will be forfeited. **You must sign up for the DCFSA each year** (it will not continue automatically).

**Please note:** The IRS limits the amount highly compensated employees can contribute to the DCFSA. If your annual pay is \$130,000 or more, your contributions will be capped in 2021.



Regardless of your income, consider consulting your tax advisor on how to get the full child care tax credit on your tax return.

## CSA

### Commuter Spending Account

The Commuter Spending Account (CSA) lets you set aside before-tax dollars to pay eligible mass transit and/or parking expenses. The program offers the convenience of automatic payroll contributions and a commuter debit card that can be used for eligible expenses. (Family members are not eligible.) You can enroll in, change or stop participating in commuter accounts at any time through the Campbell Benefits Center.

Limits for 2021 will be announced in November 2020. The current 2020 limits are:

	<b>\$270 PER MONTH</b> for transit expenses
	<b>\$270 PER MONTH</b> for parking expenses



### NO DOUBLE DIPPING

The IRS doesn't allow you to have both an HSA and a general purpose HCFSA. This may occur if you have medical coverage through Campbell and your spouse has coverage through his or her employer.



### CARD CONVENIENCE

If you enroll in the HSA or HCFSA, you will receive a debit card that you can use to pay for doctor or dental appointments, prescriptions and qualified over-the-counter items at pharmacies or retail stores. Unless you switch accounts, your debit card will continue to work, so keep it until the expiration date.



# Income Protection

Life is full of surprises, and we want to help you be prepared for the moments when things don't go according to plan.

That's why Campbell provides basic income protection coverage to all benefits-eligible employees. You can purchase additional coverage to protect what's important to you and your family. Coverage and costs vary based on factors like your age, base pay and tobacco use. Learn more and see your personalized rates at [www.myCampbellBenefits.com](http://www.myCampbellBenefits.com) — and don't forget to name your beneficiaries!

	What Campbell Provides	What You Can Choose
	at No Cost to You	to Purchase
Disability Insurance	<b>Short Term Disability (STD)</b> <ul style="list-style-type: none"><li>Replaces part of your pay if your disability lasts 8 days to 26 weeks</li><li>Replacement percentage is based on years of service</li></ul> <b>Basic Long-Term Disability (LTD)</b> <ul style="list-style-type: none"><li>Replaces 50% of your annual base pay up to a maximum monthly benefit if your disability lasts more than 26 weeks</li></ul>	<b>Voluntary LTD</b> <ul style="list-style-type: none"><li>Increases Basic LTD by 15% (for a total benefit of 65% of annual base pay)</li><li>Increases maximum monthly benefit</li><li>EOI<sup>1</sup> may be required</li></ul>
Life Insurance	<b>Basic Employee Life</b> <ul style="list-style-type: none"><li>2x annual base pay, rounded to nearest \$1,000</li><li>\$2 million maximum</li><li>Amount in excess of \$50,000 is imputed income to you per IRS</li></ul>	<b>Voluntary Employee Life</b> <ul style="list-style-type: none"><li>1x-8x annual base pay, rounded to nearest \$10,000</li><li>\$2.5 million maximum</li><li>EOI<sup>1</sup> may be required</li></ul> <b>Spouse/Domestic Partner Life</b> <ul style="list-style-type: none"><li>\$10,000 increments up to \$150,000 maximum</li><li>EOI<sup>1</sup> may be required</li></ul> <b>Dependent Life</b> <ul style="list-style-type: none"><li>\$20,000 (per eligible child)</li><li>Covers all eligible children for one set rate</li></ul>
Accident Insurance	<b>Business Travel Accident (BTA)</b> <ul style="list-style-type: none"><li>Pays a benefit if you die or are seriously injured while traveling for Campbell<sup>2</sup></li><li>5x annual base pay</li><li>\$1 million maximum (aggregate \$15 million maximum if there are multiple claimants)</li></ul>	<b>Voluntary AD&amp;D</b> <ul style="list-style-type: none"><li>Pays a benefit if an accident causes death or dismemberment (loss of use of certain body parts/functions)<sup>2</sup></li><li>Individual or family coverage</li><li>\$50,000 increments up to \$500,000 maximum</li></ul>

<sup>1</sup> Evidence of insurability (EOI), also known as proof of good health, is an insurance term that means you must confirm your or your dependent's physical fitness in writing, through a questionnaire or a medical examination. If you choose a coverage amount above the guarantee issue threshold or if you increase your coverage after your initial enrollment, EOI generally must be completed before your coverage is approved.

<sup>2</sup> The actual benefit payable is a percentage of the total coverage amount, based on the type of injury sustained. See the Summary Plan Description for details.



## NAME YOUR BENEFICIARIES

A beneficiary is someone eligible to receive distributions from a trust, will or life insurance policy. You can name beneficiaries for your 401(k) Retirement account, Company-provided Basic Life Insurance and Business Travel Accident Insurance, Voluntary Life, Voluntary AD&D and HSA. You can name or update your beneficiaries at any time at [www.myCampbellBenefits.com](http://www.myCampbellBenefits.com).



# How to Enroll

## Ready to make your choices?

Once you've reviewed your options, either enroll or choose to waive coverage between November 2-13, 2020. Your choices will take effect on January 1, 2021.

## WHAT HAPPENS IF I DON'T ENROLL BY NOVEMBER 13?

If you don't enroll by the enrollment deadline, you can only change your benefits for 2021 if you experience a qualifying event (see [page 27](#)). Your current elections and designations (like tobacco and alternative coverage status) will continue automatically except for the HCFSa or DCFSa, which must be elected each year.

## HOW TO ENROLL ONLINE

- 1 Go online.**  
Log in to [www.myCampbellBenefits.com](http://www.myCampbellBenefits.com) with your username and password or via Okta SSO. If you haven't logged in recently, you may be asked to set up new security challenge questions.
- 2 Click the Enroll Now tile.**
- 3 Review your dependents.**  
Confirm your current dependent information. If you are adding someone new, enter their personal information (including name, gender, birthday and Social Security number).
- 4 Confirm your surcharges.**  
Confirm your tobacco user status. If you cover a spouse or domestic partner, you must keep their tobacco use status and alternative coverage status up to date.
- 5 Choose your benefits for 2021.**  
Make any desired changes and set your 2021 before-tax contribution(s) to the HSA or HCFSa and DCFSa. Complete your enrollment by November 13.
- 6 Confirm your elections.**  
If you enroll online, you will receive an electronic confirmation statement in your secure participant mailbox at [www.myCampbellBenefits.com](http://www.myCampbellBenefits.com) after Annual Enrollment ends. If something is wrong, call the Campbell Benefits Center **no later than** November 30 to request a correction.

## HOW TO ENROLL BY PHONE

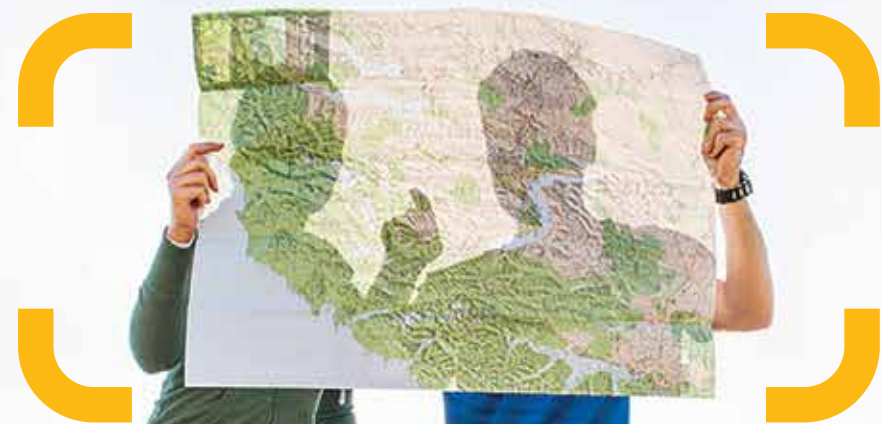
- 1 Call 877-725-2255**  
Monday through Friday  
8 a.m.–8 p.m. ET.
- 2 Follow instructions to select your coverage.**
- 3 Confirm your elections.**  
If you enroll by phone, you will receive a paper confirmation statement in your home mailbox. If something is wrong, call the Campbell Benefits Center **no later than** November 30 to request a correction.

**See After  
You Enroll on  
page 24 for  
important  
next steps. ....>**



### ¿HABLA ESPAÑOL?

Llame al centro de Beneficios de Campbell al **877-725-2255** y diga "Español" cuando se le indique; uno de nuestros representantes de habla hispana le atenderá.



# After You Enroll

Depending on your Annual Enrollment elections, you may need to take action so your new coverage is ready.

If you:	Complete these next steps:
Move	Update your home address in Workday so we can mail important benefit information to you.
Add a dependent to your coverage	Provide required document(s) to complete the Dependent Verification process within 30 days to keep them covered. See <a href="#">page 25</a> for details.
Choose Campbell medical coverage	CVS Caremark will: <ul style="list-style-type: none"><li>▪ Mail a Welcome Kit and new Prescription Drug ID card to your home address</li><li>▪ Contact you if you currently fill specialty medications with Accredo (the Express Scripts Specialty Pharmacy) with information about switching to CVS Specialty</li></ul>
Enroll in the CDHP + HSA for the first time	Campbell will initiate the process of opening your HSA at Bank of America (BoFA). However, banks are required by law to validate your identity when a new HSA is opened. BoFA will ask for documentation such as a copy of your driver's license or Social Security card. Once your identity is confirmed, your HSA will be open, accepting contributions and ready for you to use.



### SEE AN ERROR?

If there are any issues with your Annual Enrollment elections, call the Campbell Benefits Center at **877-725-2255** no later than **November 30** to request a correction.

## DEPENDENT VERIFICATION PROCESS

Within a few days of registering your dependents, you will receive a packet from the Alight Dependent Verification Center in your home mailbox. The packet outlines the steps and documentation required (see table below) to continue coverage for your dependents. You can provide documentation securely online, by fax or by mail. **If you do not submit valid documentation within 30 days, your dependents' coverage will be terminated.**

Dependent Documentation		
One of the following		One of the following (if applicable)
DEPENDENT		
Spouse Domestic Partner	<ul style="list-style-type: none"><li>▪ Marriage Certificate</li><li>▪ Affidavit of Common Law Marriage</li><li>▪ Affidavit of Domestic Partnership</li></ul>	<b>AND</b> <ul style="list-style-type: none"><li>▪ Federal tax return within last two years listing your spouse or partner</li><li>▪ Proof of joint ownership issued within last six months</li></ul>
Child – Biological	<ul style="list-style-type: none"><li>▪ Birth Certificate</li></ul>	
Child – Adopted	<ul style="list-style-type: none"><li>▪ Birth Certificate</li><li>▪ Adoption Certificate</li><li>▪ Placement Agreement</li></ul>	
Child – Step	<ul style="list-style-type: none"><li>▪ Birth Certificate</li></ul>	<b>AND</b> <ul style="list-style-type: none"><li>▪ Marriage Certificate</li><li>▪ Affidavit of Common Law Marriage</li><li>▪ Affidavit of Domestic Partnership</li></ul>
Child – Legal	<ul style="list-style-type: none"><li>▪ Birth Certificate</li></ul>	<b>AND</b> <ul style="list-style-type: none"><li>▪ Court Ordered Document of Guardianship</li></ul>
Child – Disabled	<ul style="list-style-type: none"><li>▪ Birth Certificate</li><li>▪ Adoption Certificate</li></ul>	<b>AND</b> <ul style="list-style-type: none"><li>▪ Federal tax return within last two years claiming disabled child</li></ul>
Child – Foster	<ul style="list-style-type: none"><li>▪ Foster Care Letter of Placement</li></ul>	





# Using Your Benefits

## Tips for Using Your Benefits Wisely

Being a smart health care consumer means you take the time to consider all of your health care options and make the best decision for your particular situation. Keep these tips in mind.

### PAY AS YOU GO

With the CDHP + HSA plan, you'll pay less in payroll deductions and you'll receive a contribution from Campbell to help pay for eligible health care expenses. With traditional plans, you pay more up front in premiums for coverage you may not use. Learn more about the HSA on [page 18](#).

### SAVE WITH AN HSA OR FSA

You'll save valuable tax dollars and lower your taxable income when you open an HSA or HCFSA. The money you contribute or withdraw in these accounts is tax-free when you use it for eligible health care expenses.

### ASK FOR GENERIC

Generic prescriptions are usually considerably less expensive than brand-name medications and are approved by the FDA. Ask your physician or pharmacist if your prescription has a generic alternative and save money.

### THINK URGENT CARE

Trips to the ER can be expensive and cost you a lot out of your own pocket, so be sure you only visit an ER when absolutely necessary. Use urgent care facilities, schedule a visit with your doctor or use telemedicine when you have minor injuries or illnesses. Take advantage of Amwell Telehealth for minor illness or injury — virtual Amwell visits are available 24/7 via phone, app or web and cost less than urgent care.

### STAY IN THE NETWORK

Our medical plans use a network of physicians and facilities contracted by Aetna or Horizon BCBS to provide services within negotiated price boundaries. You'll save money by using network providers. When you use an out-of-network provider, coinsurance is based on the usual and customary (U&C) charge. You are responsible for any portion of the provider's charge that exceeds this amount. For example, if you meet your deductible, the plan will pay 60 percent of the U&C charge for out-of-network care. If your out-of-network provider charges \$600 for a procedure and Aetna's U&C charge for the procedure is \$500, you would pay 40 percent of the U&C charge (40% x \$500 = \$200) plus the \$100 that exceeds the U&C charge, for a total of \$300.

### LOCAL CVS DELIVERY

If you take a specialty medication, your medication must be filled through the Specialty mail-order pharmacy. With CVS Caremark, you can opt to have your medications mailed to your local CVS store for pick up. This convenient new option is great if you are traveling, won't be home or live somewhere that makes package delivery challenging.

# Making Changes

## During the Year

After enrollment ends, you may only make changes to your medical, dental, vision, HCFSA, DCFSA, life and disability coverage if you experience a qualifying event, such as:

- ✓ Birth, adoption or placement for adoption
- ✓ Marriage
- ✓ Divorce, legal separation or annulment
- ✓ Death of a dependent
- ✓ Change in your employment status or the employment status of your spouse
- ✓ You or your spouse gain or lose other group coverage
- ✓ A child ceases to be an eligible dependent
- ✓ You or your spouse takes an unpaid leave of absence under the Family and Medical Leave Act (FMLA)

You must apply for any changes **and** submit required documentation within 31 days of your qualifying event by contacting the Campbell Benefits Center. If you miss this window, you will have to wait until the next Annual Enrollment period to make changes.

If you add a dependent to your coverage, you will need to complete the Dependent Verification Process as described on [page 25](#).

# Good to Know

## Campbell is Self-Insured — What This Means to You

If you're covered by a Campbell medical plan and you receive care, generally you pay part of the cost and Campbell — not an insurance company — pays the rest. Campbell hires Aetna and Horizon Blue Cross Blue Shield to provide the networks and process the claims, but they don't pay the benefits. Campbell reimburses Aetna and Horizon for all the money they spend on your benefits (plus a fee for their administrative services). So every

dollar we can save on health care has a direct impact on Campbell's bottom line. In 2019, Campbell spent approximately \$125 million on health care for our employees and their families — about \$122 million on health care claims and \$3 million in HSA contributions. This means we all share responsibility for how we use our medical plans and, to a certain extent, for what we spend on health care — the better we manage our costs, the more sustainable we are as a Company.



# Well-Being Programs

you can access anytime.

In addition to all the benefits you lock in during the Annual Enrollment period, Campbell offers health, financial, educational and well-being resources you can access and take advantage of anytime during the year.



## METLIFE HOME AND AUTO

Offers group rates and discounts through convenient paycheck deductions.



## HEALTH ADVOCATE

Free help with choosing a medical plan, finding providers and resolving billing issues.



## COMMUTER BENEFITS

A tax-free way to pay for transit passes and parking.



## TUITION ASSISTANCE

Reimburses you for approved coursework at an accredited school.



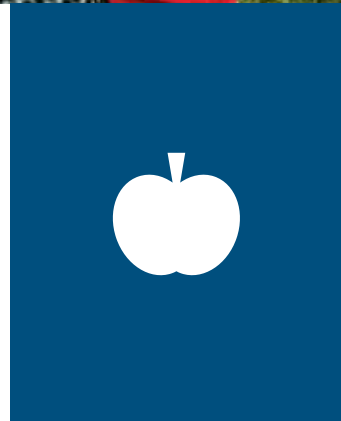
## AMWELL TELEHEALTH

Low-cost, 24/7 access to a doctor from your mobile device or computer without an appointment.



## RESOURCES FOR LIVING WEBSITE

Free articles, seminars, videos and tools to help your household balance work and life.



## QUIT FOR LIFE

A free tobacco cessation program.

## EMPLOYEE ASSISTANCE PROGRAM

Free, completely confidential counseling when you or any member of your household needs it.



## ADOPTION ASSISTANCE

Valuable support for families going through the adoption process.

## SCHOLARSHIP PROGRAM

Recognizes your child's outstanding academic achievement.

See page 31 for a complete list of contact information.



# Contacts

You can easily connect to your benefit providers and get help through the Campbell Benefits Center. Visit [www.myCampbellBenefits.com](http://www.myCampbellBenefits.com) or call **877-725-2255** 8 a.m.–8 p.m. ET Monday through Friday.



	What They Administer	How to Contact
Aetna	Medical	Call <b>800-847-8982</b> Visit <a href="http://www.aetna.com">www.aetna.com</a>
Alight Smart-Choice	Health Care FSA Dependent Care FSA Commuter Account	Call <b>877-725-2255</b> Visit <a href="http://www.myCampbellBenefits.com">www.myCampbellBenefits.com</a>
Bank of America	Health Savings Account	Call <b>800-627-2112</b> Visit <a href="http://myhealth.bankofamerica.com">myhealth.bankofamerica.com</a>
CVS Caremark	Prescription Drugs	Call <b>833-956-1791</b> (beginning November 2, 2020) Visit <a href="http://www.caremark.com">www.caremark.com</a>
Horizon BlueCross BlueShield	Medical	Call <b>844-383-2325</b> Visit <a href="http://www.HorizonBlue.com/Campbell">www.HorizonBlue.com/Campbell</a>
MetLife	Dental Auto and Home	Call <b>800-942-0854</b> Visit <a href="http://mybenefits.metlife.com">mybenefits.metlife.com</a>
Prudential	Life Voluntary AD&D	Call <b>800-778-3827</b> Visit <a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>
The Hartford	Disability Family & Medical Leave	Call <b>866-881-2374</b> Visit <a href="http://abilityadvantage.thehartford.com">abilityadvantage.thehartford.com</a>
Transamerica	401(k)	Call <b>877-725-2255</b> Visit <a href="http://www.transamerica.com/portal/Campbell">www.transamerica.com/portal/Campbell</a>
VSP	Vision	Call <b>800-877-7195</b> Visit <a href="http://www.vsp.com">www.vsp.com</a>

	How to Contact
Adoption Assistance	Ask your local HR representative
Amwell Telehealth	Call <b>844-SEE-DOCS (844-733-3627)</b> Visit <a href="http://campbell.amwell.com">campbell.amwell.com</a> Register with Service Key: <b>Campbell</b>
Campbell Employees Federal Credit Union	Call <b>800-257-5354</b> Visit <a href="http://www.campbellcu.org">www.campbellcu.org</a>
Commuter Benefits	Visit <a href="http://www.myCampbellBenefits.com">www.myCampbellBenefits.com</a>
Employee Assistance Program (EAP)	Call <b>866-535-SOUP (7687)</b> Visit <a href="http://www.resourcesforliving.com">www.resourcesforliving.com</a> Username and Password: <b>Campbell</b>
Health Advocate	Call <b>866-695-8622</b> Visit <a href="http://www.HealthAdvocate.com/Campbell">www.HealthAdvocate.com/Campbell</a>
MetLife Group Auto and Home Insurance	Call <b>800-422-4272</b> Visit <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
Quit For Life Smoking Cessation Program	Call <b>866-QUIT4LIFE (866-784-8454)</b> Visit <a href="http://www.quitnow.net/campbellsoup">www.quitnow.net/campbellsoup</a>
Scholarship Program	Call <b>855-670-4787</b> Visit <a href="http://aim.applyists.net/Campbell">aim.applyists.net/Campbell</a> to apply
Tuition Assistance	Call <b>800-537-4180</b> Visit <a href="http://tr.scholarshipamerica.org">tr.scholarshipamerica.org</a>
Volunteer and Giving Program	Visit <a href="http://campbell.brightfunds.org">campbell.brightfunds.org</a>



# Legal Notices

Campbell is required by the government to provide certain legal notices to you.



## INFORMATION AVAILABLE ONLINE

Visit [www.myCampbellBenefits.com](http://www.myCampbellBenefits.com) to access plan documents online. You can request paper copies by calling the Campbell Benefits Center.

- **Summary Plan Descriptions (SPDs)** contain detailed information about Campbell benefits.
- **Summaries of Benefits and Coverage (SBCs)** summarize important information about your health care options in a standard format.

## NOTICES DELIVERED BY MAIL

The following important legal notices were mailed to your home address:

- **Automatic Enrollment and Qualified Default Investment Alternative Notice** explains that you may be automatically enrolled in the 401(k) Retirement Plan and how your contributions will automatically be placed in certain investment options.
- **HIPAA Special Enrollment Rights** explains your rights to enroll later if you are declining medical coverage due to having other coverage.
- **Medicaid and CHIP Notice** explains how employees who need help paying their health insurance premiums may get that help through state Medicaid or CHIP programs.
- **Medicare Prescription Drug Notice** explains the prescription drug alternatives when a participant becomes eligible for Medicare.
- **Notice of Continuation Rights Under COBRA** 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.
- **Notice of New Health Insurance Marketplace** explains the availability of the new Health Insurance Marketplace. Campbell medical options meet the government's minimum value standard and are affordable for all Campbell employees who are actively at work for the entire year.
- **Notice of Privacy Practices** explains how your health care plans protect your personal medical information.
- **Safe Harbor Contribution Notice** describes your rights and obligations under the 401(k) Retirement Plan's method of meeting federal non-discrimination requirements and the automatic enrollment feature.
- **Summary Annual Reports** contain information about the Group Insurance, Business Travel Accident and 401(k) Retirement Plans.
- **Wellness Program Disclosure** explains what information will be collected if you participate in Campbell's tobacco cessation program to earn financial incentives and how that information will be used.
- **Women's Health and Cancer Rights Act** summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.





This brochure is a Summary of Material Modifications (SMM) that updates the Summary Plan Description (SPD) for Campbell's benefit programs. Keep it with your SPD for the most current information about your benefits.

This document contains information regarding Campbell-sponsored benefit plans. Campbell makes every effort to accurately report the coverage, benefits and limitations of these plans. If there is any difference between this publication and the Official Plan Documents, the Plan Documents will govern. For a more detailed description of these plans, please consult the Official Plan Documents. The Plan Documents can be found on the Campbell Benefits Center website. Campbell reserves the right to amend, modify or terminate all or part of its benefit plans at any time. Participation in these plans is not a guarantee of continued employment. Receipt of this document does not automatically entitle you to benefits offered by Campbell.

Please note that Campbell places the highest importance on your privacy and the confidentiality of personal information. All personal information that is collected through Campbell-sponsored benefit plans and our benefit partners will be safeguarded and will never be shared, unless it is required or permitted by all applicable laws or with your consent.