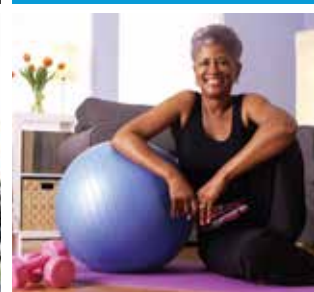
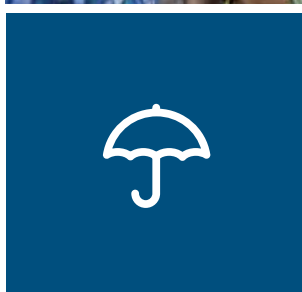


BENEFITS FOR life's **moments**



Campbell's

2022 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 2022 and what you need to do during Annual Enrollment — November 1-12, 2021.



MY WELL-BEING



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Enrollment To-Dos

Annual Enrollment for 2022 is November 1–12, 2021

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 telehealth provider and new legal and pet benefit options.

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](#).

2 BRUSH UP ON THE BASICS

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

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](#).

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.

6 USE YOUR BENEFITS

Find 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 YOU DON'T ENROLL BY NOVEMBER 12?

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 2022 — except for the HCFA and DCFA, which must be elected each year. Remember, after Annual Enrollment closes, you can only change your benefits for 2022 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

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



What's New

For 2022, here's what's new and what's changing.
This is a brief recap of the 2022 Benefits Preview we shared recently.

New Legal Plan

During Annual Enrollment, you can enroll in the MetLife Legal Plan. Get affordable access to a highly qualified network of more than 18,000 attorneys for everyday personal legal matters, such as adoption, will and document preparation, buying or selling a home, defense against identity theft, civil litigation, debt collectors, and more. See [page 21](#) to learn more.

Increased Medical Contributions

Your share of the cost of medical coverage will increase by about 7 percent.

Medical Plan Administrator Switch for Three Locations

To ensure the best discounts and largest provider network, we assign medical plan administrators based on your work location (see [page 14](#)). These three sites will switch administrators:

- Beloit, WI will switch to Horizon BCBS.
- Goodyear, AZ and Maxton, NC will switch to Aetna.

You'll get a new medical ID card around January 1, 2022.

Everything else stays the same — including the benefits we offer and the coverage they provide.

Enhanced Telehealth Visits

Virtual general medical visits can be easier and less expensive for you and your family if you access care through your medical plan administrator's provider — Teladoc or Horizon CareOnline.

Aetna Members	Horizon BCBS Members
Teladoc	Horizon CareOnline
www.Aetna.com	www.HorizonBlue.com/Campbell
Aetna Health app (text AETNA to 90156)	Horizon Blue app (text GETAPP to 422-272)

- If you enroll in the **70/30** or **80/20** PPO plan, you'll only pay a \$10 copay for general medical visits.
- If you're in the **CDHP + HSA**, you'll pay the full cost of the general medical visit before meeting your annual deductible and \$0 after you meet the deductible.

Please note: The \$10 copay does not apply for other types of virtual visits (e.g., specialist, psychiatric, dermatological, nutritional) or virtual visits provided by any other provider (your primary care doctor or another third-party provider), which are covered as office visits. See [page 10](#).



COMING SOON: PROTECTION FOR YOUR FURRY FRIENDS

Beginning January 1, 2022, you can learn about and enroll in pet insurance for your cat or dog at www.metlife.com/campbell.

Benefit Basics



WHO IS ELIGIBLE

You are eligible for Campbell benefits on your first day of employment if you are regularly 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 plant, eligibility for benefits is determined by your Collective Bargaining Agreement (CBA).



IS YOUR SPOUSE/DOMESTIC PARTNER EMPLOYED?

You may pay more for coverage if your spouse/domestic partner is eligible for medical insurance through his or her employer but you choose to cover him or her under a Campbell medical plan. You can avoid this surcharge by enrolling your spouse under your spouse's employer's plan.

WHO YOU CAN COVER

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

- Your spouse/domestic partner (same or opposite sex)
- 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 dependents you add to coverage. See *After You Enroll* on [page 25](#) for details.

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 qualifying event (see [page 27](#)).



New Hire Enrollment

You have 30 days following your date of hire or eligibility 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 opportunity to make changes to your benefits for the year ahead. For 2022, the Annual Enrollment period is November 1-12, 2021.

BASIC LINGO

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

Deductible

The deductible is the amount you pay out of your own pocket for covered services before the plan begins to pay benefits. For certain services like preventive care, you generally 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

A network is a group of doctors, dentists, hospitals and facilities contracted by our benefit plan administrators to provide services within negotiated price boundaries. You and Campbell both pay less when you choose in-network providers.

Contribution

Your contribution is the amount of money deducted from your paycheck to pay for your Campbell benefit coverage or to contribute to a tax savings account.

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). You'll pay less in payroll deductions, 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.



PRESCRIPTION DRUGS

If you choose the **CDHP + HSA**, generic preventive prescription drugs are immediately covered at 100 percent. For all other prescriptions, you'll pay the full cost until your medical deductible is met. 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 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 have family coverage under the CDHP, \$2,800 is the most any covered family member will have to pay toward the family deductible. Once a family member reaches that amount, the plan begins sharing the cost (coinsurance) for that person. If a family member pays \$6,650 toward the OOPM, the plan pays 100 percent of eligible expenses for that person for the rest of the plan year. These rules help limit how much you have to pay if one family member needs a lot of care.

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:



SCAN ME

www.campbellplanwizard.com/notsohighdeductible

ENGLISH



SCAN ME

www.campbellplanwizard.com/notsohighdeductiblespanish

SPANISH

HOW MEDICAL OPTIONS COMPARE

WHAT YOU PAY	CDHP + HSA		70/30		80/20	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
ANNUAL LIMITS						
COVERAGE LEVEL: INDIVIDUAL						
Deductible ²	\$2,000	\$5,000	\$1,000	\$3,000	\$500	\$1,000
Out-of-Pocket Maximum ²	\$6,550	\$13,100	\$4,000	\$11,000	\$2,000	\$4,000
COVERAGE LEVEL: FAMILY						
Deductible ²	\$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 ²	\$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 ³ Annual Eye Exam Cancer Screenings ⁴	\$0	40% after deductible	\$0	40% after deductible	\$0	40% after deductible
DIAGNOSTIC CARE						
Telehealth ⁵ (Teladoc or Horizon CareOnline)	0% after deductible	Not applicable	\$10 copay	Not applicable	\$10 copay	Not applicable
Office Visits	30% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible	40% after deductible
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

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

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

³ Excludes immunizations for personal international travel.

⁴ Preventive cancer screenings are covered based on age, gender and last screening date.

⁵ Only general virtual office visits provided through Teladoc or Horizon CareOnline are eligible for discounted pricing. Other types of virtual visits (e.g., specialist, psychiatric, dermatological, nutritional) and virtual visits provided by any other provider (your primary care doctor or another third-party provider) are covered as office visits.

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 ¹	15% with \$10 minimum	15% with \$10 minimum
Brand Formulary ²	20% ¹	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 ²	30% after deductible	30% with \$25 minimum	30% with \$25 minimum
Brand Non-Formulary ²	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 ²	30% after deductible	30% with \$50 minimum	30% with \$50 minimum
Brand Non-Formulary ²	40% after deductible	40% with \$100 minimum	40% with \$100 minimum

¹ Applies to preventive retail and mail-order prescriptions.

² 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 YOU AVOID THE SURCHARGES?



The tobacco surcharge applies if you or your covered spouse/domestic partner uses 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 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 his/her status.

YOUR MONTHLY CONTRIBUTIONS FOR MEDICAL AND PRESCRIPTION DRUG COVERAGE

Your contributions are increasing for 2022.

Both Campbell and you share the cost of coverage. Your monthly share of the cost of 2022 medical and prescription drug coverage is based on your employment status.

HOURLY	CDHP + HSA	70/30	80/20
COVERAGE TIER		MONTHLY CONTRIBUTIONS	
Employee Only	\$16	\$56	\$116
Employee + Spouse	\$49	\$169	\$297
Employee + Child(ren)	\$39	\$107	\$228
Family	\$76	\$233	\$445

SALARIED NON-EXEMPT	CDHP + HSA	70/30	80/20
COVERAGE TIER		MONTHLY CONTRIBUTIONS	
Employee Only	\$27	\$86	\$135
Employee + Spouse	\$91	\$257	\$356
Employee + Child(ren)	\$54	\$158	\$281
Family	\$128	\$353	\$551

SALARIED EXEMPT	CDHP + HSA	70/30	80/20
COVERAGE TIER		MONTHLY CONTRIBUTIONS	
Employee Only	\$33	\$102	\$167
Employee + Spouse	\$112	\$325	\$490
Employee + Child(ren)	\$67	\$207	\$326
Family	\$157	\$469	\$703

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 PLAN ADMINISTRATORS BY LOCATION

Your medical plan administrator is based on your work location. If your location changes, your medical plan administrator will change the following year.

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

* The administrator for this location is changing January 1, 2022.

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">Visit www.HorizonBlue.com/CampbellClick Find a Doctor, SEARCH NATIONALLY and follow the promptsChoose your network: BlueCard PPO	<ul style="list-style-type: none">Visit www.Aetna.comChoose your network: Aetna Choice POS II (Open Access OAMC)
OR	OR
Call 844-383-2325 8 a.m.–8 p.m. ET, Monday through Friday	Call 800-847-8982 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">Visit www.caremark.comCall 833-956-1791 8 a.m.–8 p.m. ET	



SCAN ME

DOWNLOAD PROVIDER APPS

Find network providers near you, access digital ID cards and more.
www.CampbellPlanWizard.com

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.¹ To find an in-network dentist, visit www.MetLife.com, select **PDP Plus** as your network and enter your Zip, City or State.

	Standard Plus		Premier Plus	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
ANNUAL LIMITS				
Annual Deductible ²	\$0	\$50 individual \$150 family	\$0	\$50 individual \$150 family
Annual Maximum Benefit ³ (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 ⁴	\$1,000 per covered family member	\$1,000 per covered family member	\$2,000 per covered family member	\$2,000 per covered family member

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

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

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

⁴ 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, 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 a routine eye exam once each calendar year.
- **Glasses or contacts each year.** You can choose between an allowance for prescription glasses or contacts each year.
- **Additional discounts.** You have access to discounts on additional glasses, sunglasses and laser vision correction.

	Vision Plan	
	In-Network	Out-of-Network
Vision Exam	\$0	\$45 allowance
Prescription Glasses ¹	\$25 copay	\$25 copay
Frames	\$150 allowance ²	\$75 allowance
Lenses — Single Vision	Included in prescription glasses	\$40 allowance
Lenses — Lined Bifocal	Included in prescription glasses	\$60 allowance
Lenses — Lined Trifocal	Included in prescription glasses	\$100 allowance
Lens Enhancements	See VSP vision benefit summary for allowances	See VSP vision benefit summary for allowances
Contacts ¹	\$125 allowance	\$105 allowance
Contact Lens Exam	Up to \$60 copay ³	Not covered

¹ You have the choice between prescription glasses or contacts once per calendar year.

² \$200 for featured frame brands; \$80 at Walmart, Sam's Club and Costco.

³ 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 coverage 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.



2022 HSA AMOUNTS	Employee Only		Employee + Spouse, Children or Family	
	Under Age 55	Age 55+	Under Age 55	Age 55+
Annual IRS Limit	\$3,650	\$4,650	\$7,300	\$8,300
Campbell Contribution	\$500	\$500	\$1,000	\$1,000
You May Contribute Up to	\$3,150	\$4,150	\$6,300	\$7,300

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 you are single or married and filing jointly (up to \$2,500 if married and 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 2022. 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 2022.

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 the CSA at any time through the Campbell Benefits Center.

Limits for 2022 will be announced in November 2021. The current 2021 limits are:

	\$270 PER MONTH for transit expenses
	\$270 PER MONTH 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 — and don't forget to name your beneficiaries!

	What Campbell Provides	What You Can Choose
	at No Cost to You	to Purchase
Disability Insurance	Short-Term Disability (STD) <ul style="list-style-type: none">Replaces part of your pay if your covered disability lasts eight days to 26 weeks Basic Long-Term Disability (LTD) <ul style="list-style-type: none">Replaces 50% of your annual base pay (up to a maximum monthly benefit) if your disability lasts more than 26 weeks	Voluntary LTD <ul style="list-style-type: none">Increases Basic LTD by 15% (for a total benefit of 65% of eligible base pay)Increases maximum monthly benefitEOI¹ is required
Life Insurance	Basic Employee Life² <ul style="list-style-type: none">2x annual base pay, rounded to nearest \$1,000\$2 million maximum	Voluntary Employee Life <ul style="list-style-type: none">1x-8x annual base pay, rounded to nearest \$10,000\$2.5 million maximumEOI¹ may be required Spouse/Domestic Partner Life <ul style="list-style-type: none">\$10,000 increments up to \$150,000 maximumEOI¹ may be required Dependent Life <ul style="list-style-type: none">\$20,000 (per eligible child)
Accident Insurance	Business Travel Accident (BTA) <ul style="list-style-type: none">Pays a benefit if you die or are seriously injured while traveling for Campbell³5x annual base pay\$1 million maximum (aggregate \$15 million maximum if there are multiple claimants)	Voluntary AD&D <ul style="list-style-type: none">Pays a benefit if an accident causes death or dismemberment (loss of use of certain body parts/functions)³Individual or family coverage\$50,000 increments up to \$500,000 maximum

¹ Evidence of Insurability (EOI), also known as proof of good health, 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.

² The IRS requires the value of the premiums Campbell pays for your Basic Life Insurance in excess of \$50,000 be reported as taxable income. To avoid this, contact the Campbell Benefits Center to request your Basic Life be reduced to \$50,000.

³ 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.

Legal Assistance

Most of us need legal counsel at some point in our lives.

During Annual Enrollment, you now have the option to enroll in a MetLife legal plan for 2022. Choose the core Legal Plan to cover you, your spouse/domestic partner and your dependents for more than 60 common personal legal matters. Or choose the Legal Plan Plus Parents to add select coverage for your parents and in-laws, too.

Visit www.metlife.com/Campbell/legal-plans for plan details and exclusions. Here's a brief list of available legal support services.

Examples of Covered Legal Matters		
GETTING MARRIED	STARTING A FAMILY	SENDING KIDS TO COLLEGE
<ul style="list-style-type: none">Prenuptial agreementName changeUpdating or creating estate planning documents	<ul style="list-style-type: none">Creating wills and estate planning documentsSchool and administrative hearings	<ul style="list-style-type: none">Security deposit assistanceReviewing leasesStudent loan debt assistance
CARING FOR AGING PARENTS	BUYING, RENTING OR SELLING A HOME	DEALING WITH IDENTITY THEFT
<ul style="list-style-type: none">Review of Medicare/Medicaid documentsNursing home agreementsReviewing estate planning documents	<ul style="list-style-type: none">Reviewing contracts and purchase agreementsPreparing deedsAttending the closing	<ul style="list-style-type: none">Consultations about potential creditor actionsAssistance contacting banks and creditorsDefense for identity theft issues



Is the Legal Plan worth it? Check out the Legal Needs Calculator <https://info.legalplans.com/calculator/>

SCAN ME

MONTHLY LEGAL PLAN CONTRIBUTIONS

COVERAGE TIER		
Family	Legal Plan	\$15.75
Family + Parents and In-Laws	Legal Plan Plus Parents	\$21.75

How to Enroll

Ready to make your choices?

Once you've reviewed your options, either enroll or choose to waive coverage between November 1-12, 2021. Your elections will take effect January 1, 2022.



HOW TO ENROLL ONLINE

- 1 Go online.** Log in to www.myCampbellBenefits.com with your User ID 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 Get started.** Click **Review your options and enroll** on the homepage banner.
- 3 Choose your coverage** for 2022.
- 4 Review your Benefits Summary.** Confirm that your surcharge, dependent and plan elections are what you want.
- 5 Submit your elections.** Click the green **Complete Enrollment** button.
- 6 Follow up.** You may need to take action for your coverage elections to take effect.
- 7 Confirm your elections.** You will receive an electronic confirmation statement in your secure participant mailbox at www.myCampbellBenefits.com after your enrollment period ends. If something is wrong, call the Campbell Benefits Center no later than November 30 to request a correction.

PREFER TO ENROLL BY PHONE?

Call **877-725-2255**, Monday through Friday, 8 a.m.-8 p.m. ET. Say "English" and then "Annual Enrollment" to speak with a representative.

¿HABLA ESPANOL?

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.



ENROLL BY NOVEMBER 12

Log in and review your coverage even if you aren't making changes.

WHAT HAPPENS IF YOU DON'T ENROLL?

- Your current elections and tobacco and alternative coverage designations will continue automatically.
- You will not be able to contribute to the HCFSA or DCFSA.
- You will not have coverage under the new legal plan.
- You can only change your benefits during 2022 if you experience a qualifying event (see [page 27](#)).



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:
Add new family members to your coverage	Provide required document(s) to complete the Dependent Verification process within 21 days to keep them covered. See page 25 for details.
Choose Campbell medical coverage	You'll receive a new medical ID card by January 1 if you changed your coverage. Use your ID card information to register for your administrator's secure member portal and download the Aetna Health or Horizon Blue mobile app. Your medical plan's mobile app is the easiest way to find nearby providers and track your benefits.
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.
Enroll in a MetLife Legal plan	Look for a welcome packet in January with information on how to register and access your benefits.
Move	Update your home address in Workday so we can mail important benefit information to you.



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 enrolling any new dependents, you will receive a packet from the Aight Dependent Verification Center in your home mailbox. The packet outlines the steps and documentation required (see table below) to add coverage for your dependents. You can provide documentation securely online, by fax or by mail. **If you do not submit valid documentation within 21 days, your unverified dependents will not be covered in 2022.**

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



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 decisions for your particular situation. Keep these tips in mind.

FIND WHAT'S FREE

Many of your benefits come with free perks and member extras. Register for the member websites on [page 30](#) to learn about extras like gym membership discounts through Aetna or Horizon BCBS, free therapy through Resources for Living and retirement planning consultations through Transamerica.

SAVE WITH AN HSA OR FSA

You'll save 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. Virtual 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 pickup. This convenient new option is great if you are traveling, won't be home or live somewhere that makes package delivery challenging.



SCAN ME

DOWNLOAD APPS

Visit www.CampbellPlanWizard.com for links to popular Campbell provider apps.

Making Changes

During the Year

After enrollment ends, you may make changes to your medical, dental, vision, HCFSa, DCFSa, life, disability and legal plan coverage only if you experience a qualifying event, including the following:

- ✓ 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 special enrollment 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 contracts with 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 2020, 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 free and low-cost health, financial, educational and well-being resources that you and your family can access anytime during the year.



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



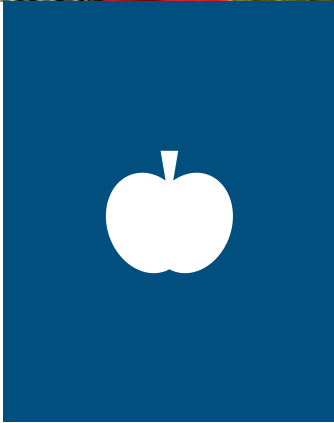
TUITION ASSISTANCE
Reimburses you for approved coursework at an accredited school.



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



RESOURCES FOR LIVING WEBSITE
Free tools to help balance work and life, including the Talkspace® online therapy platform.



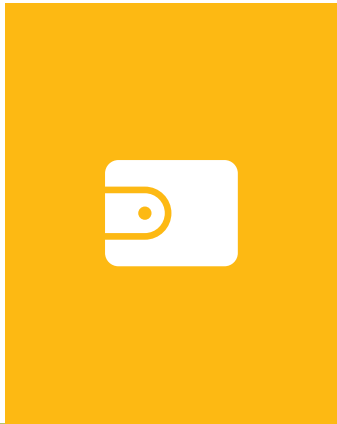
QUIT FOR LIFE
A free tobacco cessation program.

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.



AUTO, HOME & RENTER'S INSURANCE
Farmers GroupSelect offers group rates and discounts through convenient paycheck deductions.

PET INSURANCE
Coming soon: Custom plans to cover your cat or dog.

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



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 or call **877-725-2255** 8 a.m.–8 p.m. ET Monday through Friday.



	What They Administer	How to Contact
Aetna	Medical Telehealth (Teladoc)	Call 800-847-8982 Visit www.aetna.com Download Aetna Health app
Alight Smart-Choice	Health Care FSA Dependent Care FSA	Call 877-725-2255 Visit www.myCampbellBenefits.com
Bank of America	Health Savings Account	Call 800-627-2112 Visit www.myhealth.bankofamerica.com
CVS Caremark	Prescription Drugs	Call 833-956-1791 Visit www.caremark.com Download Caremark app
Horizon BlueCross BlueShield	Medical Telehealth (Horizon CareOnline)	Call 844-383-2325 Visit www.HorizonBlue.com/Campbell Download Horizon Blue app
MetLife	Dental Legal	Call 800-942-0854 Visit mybenefits.metlife.com
Prudential	Life Voluntary AD&D	Call 800-778-3827 Visit www.prudential.com/mybenefits
The Hartford	Disability Family & Medical Leave	Call 866-881-2374 Visit www.abilityadvantage.thehartford.com
Transamerica	401(k)	Call 877-725-2255 Visit www.transamerica.com/portal/Campbell
VSP	Vision	Call 800-877-7195 Visit www.vsp.com

	How to Contact
Adoption Assistance	Ask your local HR representative
Campbell Employees Federal Credit Union	Call 800-257-5354 Visit www.campbellcu.org
Commuter Benefits	Visit www.myCampbellBenefits.com
Employee Assistance Program (EAP)	Call 866-535-SOUP (7687) Visit www.resourcesforliving.com Username and Password: Campbell
Farmers GroupSelect (Auto, Home, Renter)	Call 800-438-6381 Visit www.myautohome.farmers.com
Health Advocate	Call 866-695-8622 Visit www.HealthAdvocate.com/Campbell
MetLife Pet Insurance (beginning January 2022)	Call 800-422-4272 Visit www.metlife.com/campbell
Quit For Life Smoking Cessation Program	Call 866-QUIT4LIFE (866-784-8454) Visit www.quitnow.net/campbellsoup
Scholarship Program	Call 855-670-4787 Visit aim.applyists.net/Campbell
Tuition Assistance	Call 800-537-4180 Visit tr.scholarshipamerica.org
Volunteer and Giving Program	Visit campbell.brightfunds.org

Legal Notices

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



INFORMATION AVAILABLE ONLINE

Visit 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 in September:

- **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.