



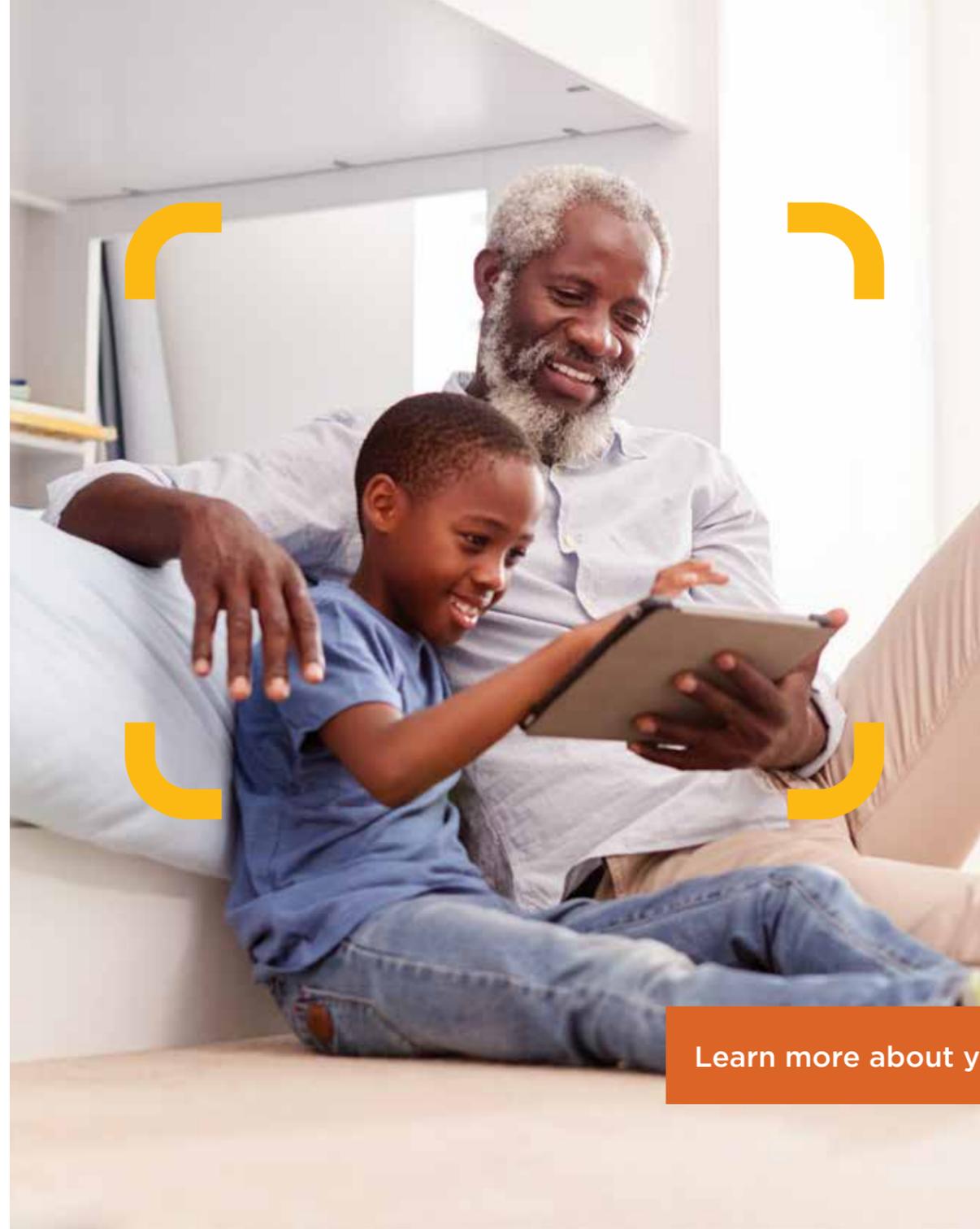
**BENEFITS FOR**  
**life's moments**

**RETIREE ENROLLMENT GUIDE**  
2022 ANNUAL ENROLLMENT | NOVEMBER 1-12

# It's that time of year.

Inside you will find important information about your retiree benefits and what you need to do to enroll or make changes during Annual Enrollment for 2022 — November 1-12, 2021.

If you have questions or need help, please visit the Campbell Benefits Center website. You can use the website to review your coverage and manage your benefits anytime. And, you always have the option of speaking to a customer service representative by phone.



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[Learn more about your Campbell retiree benefits >](#)



# What's Changing

## Very little is changing for 2022.

We continue to offer retiree medical and prescription plans with minimal changes for 2022. Here's what you need to know:

- ✓ **Increased Contribution Rates for Standard Participants**  
Medical plan premiums are increasing. The Campbell Benefits Center will mail you an Enrollment Worksheet later this month with the new rates. Log into the Campbell Benefits Center November 1-12 to compare plan options and make changes.
- ✓ **Same Contribution Rates for Grandfathered Participants**  
The contribution rates for medical and prescription drug plans are not changing.
- ✓ **Same Plan Designs**  
You will continue to have a choice of three medical plan options. There are no changes to copays, deductibles, coinsurance or out-of-pocket maximums.
- ✓ **Same Medical Plan Administrators**  
The retiree medical plans will continue to be administered by Aetna or Horizon BCBS depending on your state of primary residence. See [page 12](#) for more information.
- ✓ **Same Prescription Drug Administrator**  
Prescription drugs will continue to be administered by CVS Caremark.

# What You Can Do



## If You Are a Grandfathered or Standard Participant

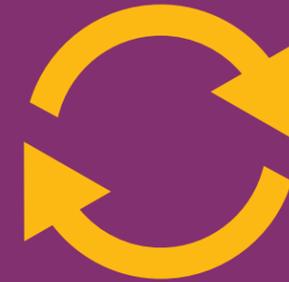
The pre-65 retiree medical plans are not changing in 2022. If you are an eligible retiree, dependent or survivor, you may take the following actions during Annual Enrollment:

- You can choose from any of the three pre-65 retiree medical plan options.
- If you don't make an election during Annual Enrollment, your current medical coverage will continue automatically.

**See pages 8-11 for information about how medical services and prescription drugs are covered under the three medical plans.**

### Waiving Coverage?

Whether you are a grandfathered or standard participant, you also have the option to waive Campbell coverage altogether. If you (the Campbell retiree) discontinue Campbell coverage, you and your spouse/dependent(s) will not be able to re-enroll in the future, nor have access to post-65 coverage with Via Benefits.



## If you are making choices during Annual Enrollment:

- 1 Review your Enrollment Worksheet** (mailed separately) to see your cost for each of the options. You can also view your 2022 contribution rates online at the Campbell Benefits Center website.
- 2 If you want to choose or change your medical options**, follow the enrollment instructions on **page 15** before the deadline.
- 3 If you want to waive coverage**, please call the Campbell Benefits Center at **877-725-2255** and speak with a representative. Representatives are available Monday through Friday from 8 a.m.–8 p.m. ET.

## ¿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.

# What You Need To Know



## Retiree Medical Basics

Your retiree medical coverage options depend on a variety of factors, your state of primary residence, your years of service and termination date, your age (under age 65 or age 65 or older), Medicare eligibility and your family situation. In addition, retiree medical options were categorized into grandfathered or standard medical options. Beginning with the 2021 plan year, all pre-65 retirees will be offered the same three medical plan options. (If you have questions about eligibility, please refer to the Campbell Soup Company Retiree Medical Plan Summary Plan Description (SPD) for more information.)

**While you are under age 65**, you can continue coverage or make changes depending on your status (see [page 4](#) for details).

**Once you become Medicare-eligible** (typically the month you reach age 65), you will have access to medical coverage through Via Benefits. Via Benefits is a private insurance marketplace that offers a wide range of retiree medical and prescription drug plans. You may be eligible for a Campbell subsidy if you are a grandfathered retiree or have a Campbell Retiree Medical Account (RMA).

Please review the information in this enrollment guide carefully and then make your decision. If you have questions, call the Campbell Benefits Center at [877-725-2255](tel:877-725-2255). Representatives are available Monday through Friday from 8 a.m.–8 p.m. ET.

## Prescription Drug Coverage

Prescription drugs are managed by CVS Caremark. Use your ID card information to register for an account at [www.caremark.com](http://www.caremark.com) and to download the CVS Caremark mobile app.

# Pre-65 Retiree Medical Plans

As a participant in the Campbell pre-65 retiree medical plan, you can choose from three plans: a Consumer Driven Health Plan (CDHP), the 70/30 plan and the 80/20 plan. The tables on [page 10 and 11](#) show how the options compare in terms of deductibles, out-of-pocket maximums and what you pay for services. But first, here's a brief explanation of the key features of the CDHP.

## What is a CDHP?

A CDHP is a plan with a higher deductible than a traditional medical plan. Usually the monthly premium is lower, but you have to pay more health care costs yourself (your deductible) before the plan starts to pay its share. A qualified high deductible plan can be combined with a Health Savings Account (HSA), which allows you to pay for certain medical expenses with untaxed dollars.

We call it a consumer driven health plan because you, as a health care consumer, have more control over how you fund and spend your health care dollars. This concept also aligns with our shared responsibility for managing our health care costs.

## What is an HSA?

An HSA is a type of savings account that allows you to set aside money on a before-tax basis to pay for qualified medical expenses, such as deductibles, copays and coinsurance, if you are enrolled in a high deductible health plan such as the CDHP. You can open an HSA at the bank of your choice and make contributions up to the annual IRS limits.

For 2022, you can contribute up to \$3,650 for individual or \$7,300 for family coverage. You can contribute an additional \$1,000 if you are age 55 or older. Once you become Medicare-eligible, the IRS does not allow you to contribute to an HSA. However, you can continue using funds in your account beyond age 65.

## How Are Prescription Drugs Covered?

Prescription drug coverage is included with each medical plan option and is administered by CVS Caremark. The program consists of a broad network of retail pharmacies for short-term medications, and a home delivery program for specialty and maintenance medications taken on an ongoing basis. You pay a percentage of the prescription cost (subject to minimum copays), depending on the type of prescription drug you receive. See the table on [page 11](#) for more information about what you pay for prescription drugs.

## Understand How Prescription Drugs and Deductibles Work

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 out-of-pocket maximum (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.

If you choose the CDHP option, 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. With this plan option, both medical and prescription drug costs count toward a single OOPM.

## Avoid Paying a Penalty

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. For example, if your share of a brand-name drug is \$40 and the generic is \$10 (a difference of \$30), you would pay \$70.

## Use CVS Specialty for Specialty Medications

Some prescription drugs are called “specialty medications” because they are either high cost, high complexity or they have to be handled in special ways and may not be available from regular pharmacies. People take specialty medications for complex, chronic health conditions like multiple sclerosis or rheumatoid arthritis. If you're taking a specialty medication, your prescription must be filled through the CVS Specialty mail-order program. If home delivery isn't right for you, you'll have the option to ship your specialty order to your local CVS pharmacy for pickup. For a list of specialty medications, go to [www.CVSppecialty.com/druglist](http://www.CVSppecialty.com/druglist).



## Pre-65 Retiree Medical Options

The chart below shows the annual limits and what you pay for common medical services under each of the three medical plan options.

WHAT YOU PAY	CDHP		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>
<b>ANNUAL LIMITS</b>						
<b>COVERAGE LEVEL: INDIVIDUAL</b>						
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
<b>COVERAGE LEVEL: FAMILY</b>						
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
<b>WHAT YOU PAY FOR COVERED SERVICES</b>						
<b>PREVENTIVE CARE</b>						
Well-Check Visits Immunizations <sup>3</sup> Cancer Screenings <sup>4</sup>	\$0	40% after deductible	\$0	40% after deductible	\$0	40% after deductible
<b>DIAGNOSTIC CARE</b>						
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

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

## Prescription Drugs

Each medical plan includes coverage for prescription drugs through CVS Caremark. The chart below outlines what you pay for covered medications.

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

# Medical Carriers By State



The insurance carrier that administers your Campbell retiree medical plan depends on your state of primary residence. If your state of primary residence changes, your administrator will change the following January 1.

Horizon BCBS		Aetna
Alabama	New Hampshire	Colorado
Alaska	New Mexico	Delaware
Arizona	North Carolina	Florida
Arkansas	Ohio	Georgia
California	Oklahoma	Hawaii
Connecticut	Puerto Rico	Idaho
Illinois	Rhode Island	Kansas
Indiana	South Carolina	Maine
Iowa	South Dakota	Missouri
Kentucky	Tennessee	Nevada
Louisiana	Texas	New Jersey
Maryland	Virginia	New York
Massachusetts	Washington	North Dakota
Michigan	Washington, D.C.	Oregon
Minnesota	West Virginia	Pennsylvania
Mississippi	Wyoming	Utah
Montana		Vermont
Nebraska		Wisconsin

## Are your health care providers in the network?

Although you can go to a provider (physician, hospital, lab or urgent care center) that is not in the network (out-of-network), you will pay less if you choose to see a provider that is in the network.

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 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, then choose <b>Aetna Choice POS II (Open Access)</b></li> <li>Enter your provider's name in the search bar or search by category</li> </ul>
<b>OR</b>	<b>OR</b>
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></li> </ul>	

# How to Enroll

## If You Want to Change Your Coverage

You may choose or make changes to your coverage through November 12. Your choices will take effect on January 1, 2022.

### Enroll Online

- 1 Go online.** Log in to [www.myCampbellBenefits.com](http://www.myCampbellBenefits.com). You may need to set up new security challenge questions if you have not recently logged in. On the home page, click **Review your options and enroll**.
- 2 Provide your preferred contact email** so we can send benefit information to you electronically.
- 3 Choose your medical plan** for next year.
- 4 Confirm your elections.** Whether or not you enroll, you will receive an electronic confirmation statement in your secure participant mailbox at [www.myCampbellBenefits.com](http://www.myCampbellBenefits.com) after enrollment ends.

If something is wrong, call the Campbell Benefits Center no later than November 30.

### 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.

### Will I Get a New ID Card?

#### Prescription Drug ID Card

- You will only get a new Caremark prescription drug card if you change your coverage.
- If you don't change your medical plan, continue using your current prescription drug card.

#### Medical ID Card

- Horizon BCBS: You'll get a new medical ID card around January 1.
- Aetna: Continue using your medical ID card.
- Register for your administrator's mobile app to always have your most current ID card with you.

# Who to Contact



Resource	What It Does	How To Access It
<b>Campbell Benefits Center</b>	The Campbell Benefits Center is staffed by knowledgeable representatives who can help you enroll and answer your benefit questions.	Call <b>877-725-2255</b> 8 a.m.–8 p.m. ET Visit <b>www.myCampbellBenefits.com</b>
<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>	CMS administers Medicare and Medicaid.	Call <b>800-MEDICARE</b> (800-633-4227) Visit <b>www.medicare.gov</b>
<b>State Health Insurance Assistance Programs (SHIP)</b>	SHIP programs offer local, personalized counseling to people with Medicare and their families.	Call <b>800-MEDICARE</b> (800-633-4227) Visit <b>www.medicare.gov</b>
<b>Social Security Administration (SSA)</b>	SSA administers Social Security, including retirement, disability and survivor benefits.	Call <b>800-772-1213</b> (TTY 800-325-0778) Visit <b>www.ssa.gov</b>

Provider	What They Administer	How To Reach Them
<b>Aetna</b>	Retiree medical based on your state of primary residence (see <b>page 12</b> )	Call <b>800-847-8982</b> Visit <b>www.Aetna.com</b> Download the <b>Aetna Health app</b>
<b>Horizon BlueCross BlueShield</b>	Retiree medical based on your state of primary residence (see <b>page 12</b> )	Call <b>844-383-2325</b> Visit <b>www.HorizonBlue.com/Campbell</b> Download the <b>Horizon Blue app</b>
<b>CVS Caremark</b>	Prescription drugs	Call <b>833-956-1791</b> Visit <b>www.caremark.com</b> Download the <b>CVS Caremark app</b>

# Legal Notices

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

## Plan Information Available Online

Visit the Campbell Benefits Center online to access these documents or call to request paper copies.

## Summary Plan Descriptions (SPDs)

contain more detailed information about Campbell benefits.

## Summaries of Benefits and Coverage (SBCs)

summarize important information about your medical options in a standard format. You can also request paper copies by calling the Campbell Benefits Center.

## Notification of Notices Delivered by Mail

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

## 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 retirees 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.

**Newborns' and Mothers' Health Protection Act** describes the legal rules applicable to the length of a hospital stay following childbirth.

**Notice of Privacy Practices** explains how your health care plans protect your personal medical information.

**401(k) 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 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.

## Good to Know

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema? Call the Campbell Benefits Center for more information.



This brochure is a Summary of Material Modifications (SMM) that updates the Summary Plan Description (SPD) for the Campbell Soup Company Retiree Medical Plan. 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.

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.