

NOTICE OF SUMMARY MATERIAL MODIFICATION

Dear Participant and Beneficiaries,

This summary of material modification ("SMM") describes changes to Monadnock Community Market Cooperative Inc. Medical Insurance ("Plan") and supplements the Summary Plan Description ("SPD") for the Plan. The effective date of each of these changes is indicated below. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

If this summary has been delivered to you by electronic means, you have the right to receive a written summary and may request a copy of this on a written paper document at no charge by contacting the plan administrator.

Benefit Plan Impacted: Medical Insurance

Reason for SMM

- Changes that increase premiums, deductibles, coinsurance, copayments

Effective Date of Material Modification: 07/01/2025

Summary of Changes:

Please see the attached document for a description of changes impacting your benefits or participation.

Additional Information:

Refer to your Summary Plan Description (SPD) for details of your benefit plans. If you have questions regarding this modification, contact the Plan Administrator at:

Monadnock Community Market Cooperative Inc..

Sue Ells

34 Cypress Street, Keene, NH 03431

hr@monadnockfood.coop

(603) 283-5403

General Plan Information:

Plan Name: Monadnock Community Market Cooperative Inc.'s Health & Welfare Benefit Plan

Plan Number: 504

Plan Sponsor/Plan Administrator: Monadnock Community Market Cooperative Inc.

Summary of Material Modification 2

This summary of material modification ("SMM") describes changes to Monadnock Community Market Cooperative Inc. Dental Insurance ("Plan") and supplements the

Summary Plan Description ("SPD") for the Plan. The effective date of each of these changes is indicated below. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

If this summary has been delivered to you by electronic means, you have the right to receive a written summary and may request a copy of this on a written paper document at no charge by contacting the plan administrator.

Benefit Plan Impacted: Dental Insurance

Reason for SMM

- Changes that increase premiums, deductibles, coinsurance, copayments

Summary of Changes:

Please see the attached document for a description of changes impacting your benefits or participation.

Additional Information:

Refer to your Summary Plan Description (SPD) for details of your benefit plans. If you have questions regarding this modification, contact the Plan Administrator at:

Monadnock Community Market Cooperative Inc.

Sue Ells

34 Cypress Street, Keene, NH 03431

hr@monadnockfood.coop

(603) 283-5403

General Plan Information:

Plan Name: Monadnock Community Market Cooperative Inc.'s Health & Welfare Benefit Plan

Plan Number: 504

Plan Sponsor/Plan Administrator: Monadnock Community Market Cooperative Inc.

Health Insurance 2025 Monthly Premium			
Coverage Level/Plan	Orange Plan (EPO 2000)	Purple Plan (EPO 5000)	Green Plan (HSA)
Employee Only	\$752.21	\$686.77	\$576.91
Employee + Spouse	\$1,730.08	\$1,579.56	\$1,326.88
Employee/Child(ren)	\$1,504.43	\$1,373.54	\$1,153.82
Family	\$2,286.72	\$2,087.76	\$1,753.78
2025 Employer Monthly Cost			
Coverage Level/Plan	Orange Plan (EPO 2000)	Purple Plan (EPO)	Green Plan (HSA)
Employee Only	\$542.94	\$509.94	\$499.00
Employee + Spouse	\$1,135.68	\$1,077.29	\$1,052.11
Employee/Child(ren)	\$987.54	\$936.79	\$914.88
Family	\$1,370.24	\$1,313.39	\$1,280.10
2025 Employee Monthly Cost			
Coverage Level/Plan	Orange Plan (EPO 2000)	Purple Plan (EPO)	Green Plan (HSA)
Employee Only	\$209.28	\$176.83	\$77.91
Employee + Spouse	\$594.40	\$502.26	\$274.77
Employee/Child(ren)	\$516.89	\$436.74	\$238.94
Family	\$916.48	\$774.38	\$473.68

Health Insurance

July 1, 2025 - June 30, 2026 Employee Per Bi Weekly Payroll Deduction			
Coverage Level/Plan	Orange Plan (EPO 2000)	Purple Plan (EPO)	Green Plan (EPO/HSA)
Employee Only	\$96.59	\$81.61	\$35.96
Employee + Spouse	\$274.34	\$231.81	\$126.82
Employee + Child(ren)	\$238.56	\$201.57	\$110.28
Employee + Family	\$422.99	\$357.41	\$218.62

Dental Insurance 2025 Monthly Premium	
Coverage Level/Plan	Full Premium
Employee Only	\$47.27
Employee + One	\$91.87
Employee + Family	\$133.52

Employer Monthly Contribution	
Dental Coverage	ER Monthly
Employee Only	\$28.36
Employee + One	\$45.94
Employee + Family	\$53.41

Monthly Employee Cost	
Dental Coverage	EE Monthly
Employee Only	\$18.91
Employee + One	\$45.94
Employee + Family	\$80.11

Dental Insurance

July 1, 2025 - June 30, 2026 Employee Per Bi Weekly Payroll Deduction	
Dental Coverage Level	Dental Bi-weekly Payroll
Employee Only	\$8.73
Employee + One	\$21.20
Employee +	\$36.97