



Your Guide To **2025 BENEFITS**

FOR PORTILLO'S FOOD SERVICE HOURLY (NON-OFFICE)
TEAM MEMBERS - ADDISON

Your Life, Your Benefits



HEALTH



WEALTH



WORK-LIFE

WELCOME

At Portillo's, our people are at the heart of what we do. We relish the opportunity to provide a Total Rewards Package that supports our Team Members' health, well-being and education, both during and after work.

We are proud to offer:

Time Off Programs: Paid and unpaid time off from work for Team Members across Portillo's.

Consistent Schedules and Limited Weekend Work: Balances the needs of Portillo's and Team Members.

Health Insurance: Comprehensive health coverage for all medical, prescription, dental and vision needs.

Flexible Spending Accounts (FSA) and Commuter Benefits: Set aside money on a pre-tax basis for certain healthcare, childcare, transit and parking expenses.

Voluntary Benefits: Optional benefits available to cover accidents, hospital stay, illness, pets and identity protection.

Financial Well-being: 401(k) plan with company match, opportunity to become Portillo's shareholder with our Employee Stock Purchase Plan and ability to be paid daily.

Education Benefits (Personal and Professional Development):

On the job skill and/or professional development to move into Crew Chief.

Perks & Discounts: Free Portillo's food with gift cards and access to discounts, including movie tickets, theme parks, car rental, gym memberships, grocery delivery subscriptions and much more.

What's New in 2025

We continue to evolve our benefits program based on Team Member feedback. This guide and myportillospage.com > **Benefits Center** are resources designed to help you understand what Portillo's has to offer and make the right decisions.

NO PREMIUM INCREASES

There will be no premium increases for your medical and dental insurance! Although healthcare costs have risen by 7%, the company has chosen to absorb this increase, so your premiums will stay the same. We're committed to ensuring that your benefits remain affordable, and this decision reflects our dedication to supporting you and your well-being.

FREE MENTAL HEALTH COVERAGE

We're excited to offer free mental health coverage for our team members covered by our health insurance plans. If you're enrolled in one of our PPO plans (Choice or Choice Plus), you can access in-network, office visit mental health services with no deductible and no copay—the company fully covers the cost. For those on the High Deductible Health Plan (HDHP), you'll need to meet your deductible first, but after that, in-network, in-office mental health visits will be covered at 100%.

DIABETES, PRE-DIABETES AND HYPERTENSION MANAGEMENT PROGRAM

Get personalized support to help manage these conditions from the comfort of your home, at no cost for you or your dependents. You'll have access to health professionals, custom care plans, and tools to monitor your progress, making it easier to stay on top of your health and improve your well-being over time.

VISION PLAN ENHANCEMENTS

We're excited to announce enhancements to our vision plan, with increased allowances for contacts and frames! These upgrades mean you'll receive additional financial support toward new eye wear, making it easier manage your vision health affordably.



ELIGIBILITY & TIMING

At Portillo's, you can immediately start utilizing certain Team Member benefits, while others may require meeting specific criteria. Below outlines eligibility information:

Benefits available to Team Members upon hire:

- Quarterly gift cards for free Portillo's food and catering discounts
- Discounts (e.g., entertainment tickets and more) Heart of Portillo's Recognition

Benefits with eligibility based on hire date:

- Vacation, paid holidays and leaves
- 401(k) Plan
- Beef Stock - Employee Stock Purchase Plan
- Heart of Portillo's Fund Anniversary Program and Awards

Benefits that require you to be "benefits eligible":

- Medical
- Prescription Drugs
- Dental
- Vision
- EAP through a medical plan
- Flexible Spending Accounts
- Commuter Benefits

Voluntary Benefits:

- Critical Illness
- Accident Insurance
- Hospital Indemnity Insurance
- Pet Insurance
- Lifelock Identify Theft Insurance

How do I become "benefits eligible"?

There are three potential ways a Team Member could become benefits eligible:

1. Hired as a Full-Time Team Member.
2. Hired as a Part-Time Team Member and establishes **initial benefits eligibility** by working an average of 30 hours or more per week over six full consecutive months **from your start date**.
3. Portillo's Benefit Eligibility Audits (conducted December and June), reflect you averaged 30 hours or more per week during the established measurement periods.

How do I remain "benefits eligible"?

To continue eligibility, the Benefits Eligibility Audits (conducted December and June) reflect you work an average of 30 hours or more per week during the established measurement periods.

Visit [myportillospage.com](#) > **Benefits Center for more information on "Benefit Eligibility Audit Information"*

FULL-TIME NEW HIRES

If you are a newly hired Full-Time Team Member (will be working an average of 30 or more hours per week), below outlines your enrollment deadline and when benefits begin. Your status in [myportillospage.com](#) must be Full-Time at time of hire.

| Enrollment Deadline | Benefits Begin |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Within 45 days from hire date*</p> <p><i>If you do not enroll before your deadline, you must wait until the next Annual Open Enrollment unless you have a qualified life event (QLE).</i></p> | <p>First day of the month during which your 60th day of employment occurs.</p> <p>Example: if your start date is May 15th, your 60th day is July 13th.</p> <p><i>Benefits will be effective July 1st.</i></p> |

Hire Date: Find your hire date on [myportillospage.com](#) > **Employee Summary > **Last Hired**. Last hired is the day you started.*

Status: Check your status by accessing [myportillospage.com](#) > **Employee Summary** > **Full-Time/Part-Time**

Note: you must maintain an average of 30 hours per week in order to maintain your Full-time status and benefits eligibility.

IMPORTANT: The benefits you choose stay in place for the entire calendar year. You can only make changes to your benefits or covered dependents at the next Annual Open Enrollment, or if you have a qualified life event (QLE).

PART-TIME TEAM MEMBERS

You establish **initial benefits eligibility** after working an average of 30 hours or more per week over six full consecutive months **from your start date**.

Additionally, **after initial benefits eligibility** is determined, there are two Benefits Eligibility Audits conducted twice a year (December and June). If a Team Member works an average of 30 hours or more per week during the established measurement periods, they may become eligible for benefits.

Visit [myportillospage.com](#) > **Benefits Center for more information on "Benefit Eligibility Audit Information"*

ANNUAL OPEN ENROLLMENT

Eligible Team Members can enroll in, make changes or cancel their health and welfare benefit selections during our Annual Open Enrollment period, which occurs each fall.

| Enrollment Period | Benefits Begin |
|------------------------|-----------------|
| Nov. 4 - Nov. 17, 2024 | January 1, 2025 |

If you don't add, drop, change and/or confirm by **November 17, 2024, at 11:59pm CST:**

- Your medical, dental, vision and other elected plans from 2024 will carry forward to 2025 at the new rates and new coverage tiers.
- You will not be able to participate in the Healthcare Savings Account, Dependent Care Savings Account, or Health Savings Account in 2025 unless you make the election.

ELIGIBILITY & TIMING

QUALIFIED LIFE EVENT (QLE)

You can change certain benefit elections during the year if you have a QLE.

IRS rules determine when you can make changes to your benefits. You can only make changes to your elections and enrolled dependents during Annual Open Enrollment unless you experience a QLE during the year. The following are examples of the most common QLEs:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, Registered Domestic Partner (RDP) or child
- Loss of coverage under another plan
- Gaining coverage under Medicaid or CHIP

| Enrollment Deadline | Benefits Begin |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Within 31 days of the QLE date. | Please see QLE benefit begin date Quick Reference Guide located on myportillospage.com > Benefits Center. |

WHEN COVERAGE ENDS

Medical, dental and vision coverage for you and your family will end on the last day of the month in which your employment with Portillo's ends or you lose full-time eligibility status. The HSA and all other benefits will end on your date of termination.

WHEN COVERAGE ENDS FOR YOUR CHILDREN

Your children are eligible for medical, dental and vision coverage until the end of the month in which they turn 26.

COBRA

If your health care coverage ends, you and your family may have coverage continuation rights under the federal law known as COBRA. If your coverage terminates, you will be notified of your COBRA rights. You will also receive a Certificate of Creditable Coverage according to the Health Insurance Portability & Protection Act of 1996 (HIPAA). This certificate outlines the period you had health care coverage.

HEALTH & WELFARE

ELIGIBLE DEPENDENTS

Dependents: If you sign up for health and welfare benefits for yourself, you can cover eligible dependents including:

- **Legally Married Spouse**
- **Registered Domestic Partner (RDP)***
- **Dependent Child(ren) under age 26:** Your child(ren) who are:
 - Your biological child(ren), step-child(ren), adopted child(ren) or child(ren) for whom you have legal custody (age restrictions may apply)
 - Your covered Registered Domestic Partner's (RDP) children
- **Disabled child(ren):** if certain criteria is met, they may continue on your health coverage **past the age of 26**. Contact benefits@portillos.com for further information.

**Visit myportillos.com >Benefits Center to access the Registered Domestic Partner (RDP) Quick Reference Guide.*

REQUIRED DOCUMENTATION FOR DEPENDENTS

We require the following:

- Name, birth date and Social Security number for each dependent you enroll in health and welfare benefits.
- Documentation to support all your dependents' relationship:
 - **Legally Married Spouse:** A copy of your marriage certificate.
 - **Registered Domestic Partner (RDP):** If you live in a state that recognizes domestic partnerships, you may only need to provide a copy of your certification or equivalent documentation from the issuing governmental authority.

If your state does not recognize domestic partnerships, visit myportillospage.com to access the Domestic Partnership Certification Package. Complete and send with required documentation specified on the form to benefits@portillos.com.

- **Dependent Child(ren):** A copy of the child's birth certificate showing that you, your spouse or your domestic partner are the child's parent, adoption paperwork, legal guardianship documents or a court order. For your domestic partner's children, you must also provide the documentation required for domestic partners.



MEDICAL

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. The following is a brief description of each plan.

TRADITIONAL PPO & EPO PLANS

The UnitedHealthcare Choice Plan and Choice Plus Plan both offer comprehensive coverage. Here's how the plans work:

Each plan pays the full cost of qualified in-network preventive health care services.

- You pay the full cost of non-preventive health care services until you meet the **annual deductible**, except for services such as primary care or specialist office visits which you would have to pay a copay.
- Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

Choice Plan (EPO)

The Choice Plan is an exclusive provider organization (EPO) plan. This type of plan provides coverage exclusively within network. Under the Choice plan, you can generally see any provider of your choice, so long as they are part of the UnitedHealthcare network. You do not receive coverage if you go outside of the network, except when you need emergency care.

Choice Plus Plan (PPO)

The Choice Plus Plan is a preferred provider organization (PPO) plan. The Choice Plus Plan gives you the freedom to seek care from the provider of your choice. However, you will get the most out of your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

HIGH DEDUCTIBLE PPO PLAN WITH HSA

The High Deductible Health Plan (HDHP) is also a PPO plan. It is similar to a traditional PPO in that you have coverage in and out of network, but there are some differences. For example, in the HDHP, you pay a deductible and coinsurance for your services; you do not pay flat dollar copays.

You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider. The plan pays the full cost of non-preventive health care services.

You pay the full cost of non-preventive health care services until you meet the annual deductible. **Note: If you enroll one or more family members, you must meet the full family deductible before the plan starts to pay expenses for any one individual.**

Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.

Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. **Note: If you enroll one or more family members, you must meet the full family out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.**

Please log in to myportillospage.com > **Benefits Center** for more information on your medical benefits.

Health Plan Resources

As a UnitedHealthcare member, the following free resources can help you achieve your health and well-being goals, navigate the health care system and lower your costs.

RALLY WEBSITE & MOBILE APP

Learn about your specific health risks and connect with a coach to come up with a personalized plan to achieve your well-being goals. Once you have a plan, you can participate in customized missions and compete against other members to earn rewards—all through the Rally website and app. Log on to myUHC.com to get started.

QUIT FOR LIFE

Break your tobacco habit for good with help from the Quit for Life tobacco cessation program. You'll create a customized quit plan and coaching throughout the length of the program. For more information, visit QuitNow.net.

UHC/OPTUM EMPLOYEE ASSISTANCE PROGRAM (EAP)

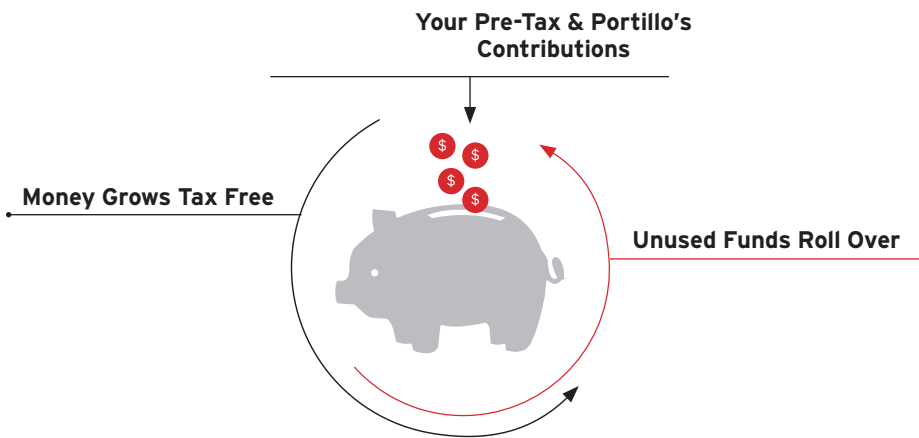
It can be difficult to balance all of life's challenges. UnitedHealthcare's confidential employee assistance program (EAP) provides up to six confidential, in-person counseling services per person, per issue, per year, as well as referral services and support to you and your family members. In addition to the EAP for all Portillo's Team Members, this EAP is available at **NO COST** to all medical plan members.

HEALTH SAVINGS ACCOUNT (HSA)

The HDHP comes with a type of savings account called a health savings account (HSA) through Optum Bank. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

HERE'S HOW THE HSA WORKS:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- In addition, Portillo's will contribute to help grow your account.
- Your contributions, in addition to the company's contributions, may not exceed the IRS limits listed below.
- Individuals age 55+ may contribute an additional \$1,000 to their account.
- You can withdraw HSA funds, tax free, to pay for qualified health care expenses ^{now} or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave Portillo's.



Yearly Contribution Limits

| | Portillo's Contributes | You can Contribute | 2025 IRS Limit |
|------------|------------------------|--------------------|----------------|
| Individual | \$500 | \$3,800 | \$4,300 |
| Family | \$1,000 | \$7,550 | \$8,550 |

Qualified Health Care Expenses

The following qualify as HSA health care expenses:

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in Publication 502
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)
- Medigap insurance premiums

Access myportillospage.com > **Benefits Center** for a Quick Reference Guide to learn more about our HDHP with HSA plan.

Key Features of the HSA

TRIPLE-TAX ADVANTAGE

- ① You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.
- ② HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
- ③ If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

CONTROL

You own and control the money in your HSA. You decide how you want to spend it or if you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

INVESTMENT OPPORTUNITIES

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

SAVINGS POTENTIAL

Your HSA is like a "health care 401(k)." There is no "use it or lose it" rule. Your account grows over time as you continue to roll over unused dollars from year to year.

PORTABILITY

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans,* retire or leave the company.

You must be enrolled in an IRS-qualified high-deductible health plan, such as ours, to contribute to an HSA.

YOUR COST FOR MEDICAL COVERAGE

Often, we consider either the dollars coming out of our paycheck or the dollars we pay out of our pockets in deciding which plans cost less or provide “better benefits.” As you consider your benefit options, you should consider both your payroll deductions and out-of-pocket costs to understand the total cost you pay for your health care. Following are descriptions of the types of costs you pay.

PREMIUMS

If you choose to enroll in the benefits plan, you will pay **premiums** for participation, also referred to as your contributions. Each year, Portillo's reviews the internal and external market, determines the cost of benefits and sets premium payment amounts for each plan based on the option selected and the level of coverage.

DEDUCTIBLES, COINSURANCE & COPAYS

In addition to your premium payments, you will pay deductibles, coinsurance and copays.

Your **deductible** is a fixed dollar amount you pay each year before your plan starts paying certain benefits. Certain services, such as preventive care, are not subject to the annual deductible. If you are in the Choice Plus Plan and stay in-network, your office visits, urgent care visits, prescription drugs and emergency room visits are also not subject to the deductible. If you use providers who are in-network, your deductible will be lower than if you use out-of-network providers. Charges related to non-emergency use of the emergency room, non-covered services and balance bills paid to out-of-network providers are not applied to your deductible.

Once you've met your deductible, **coinsurance** is your portion of the cost of covered services. In the PPO plans, your coinsurance percentage is lower for in-network services than for out-of-network services. In addition to paying higher coinsurance, if you use an out-of-network provider you may be balance billed.

A **copay** is a fixed dollar payment for covered services. In the Choice Plan and in-network in the Choice Plus Plan, you pay fixed copays for services such as office visits and prescription drugs. In the HDHP, after you meet the deductible, your prescription copay is a percentage of the cost of the drug.

OUT-OF-POCKET MAXIMUM

Your **out-of-pocket maximum** is the most you will pay for medical services in a plan year. This amount includes your deductible, copays and coinsurance but does not include your premium payments. Your premium payments will continue even after you have met the out-of-pocket maximum.



Your Total Cost



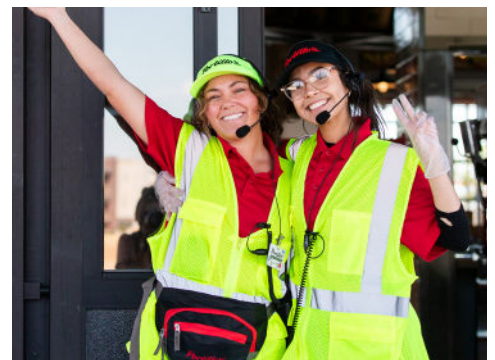
MEDICAL PLAN COMPARISON

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

| Key Medical Benefits | Choice Plan | Choice Plus Plan | | High Deductible Health Plan with HSA | |
|---------------------------------------------------------------|------------------------------------------|------------------------------------------|-----------------------------------------|--------------------------------------|-----------------------------|
| | In-Network Only | In-Network | Out-of-Network ¹ | In-Network | Out-of-Network ¹ |
| Deductible (per calendar year) | | | | | |
| Individual / Family | \$1,000 / \$3,000 | \$500 / \$1,500 | \$1,500 / \$4,500 | \$2,000 / \$6,000 | \$5,000 / \$15,000 |
| Out-of-Pocket Maximum (per calendar year) | | | | | |
| Individual / Family | \$4,000 / \$12,000 | \$2,500 / \$7,500 | \$7,500 / \$22,500 | \$6,000 / \$9,000 | \$12,000 / \$24,000 |
| Covered Services | | | | | |
| Office Visits (physician/specialist) | \$25 / \$40 copay | \$20 / \$40 copay | 50% after deductible | 20% after deductible | 50% after deductible |
| Virtual Visits | \$20 copay | \$20 copay | Not covered | 20% after deductible | Not covered |
| Routine Preventive Care | No charge | No charge | Not covered | No charge | Not covered |
| Outpatient Diagnostic (lab/X-ray) | 20% after deductible | 10% after deductible | 50% after deductible | 20% after deductible | 50% after deductible |
| Complex Imaging | 20% after deductible | 10% after deductible | 50% after deductible | 20% after deductible | 50% after deductible |
| Chiropractic (up to 20 visits) | No charge after deductible | No charge after deductible | 50% after deductible | 20% after deductible | 50% after deductible |
| Ambulance | 20% after deductible | 10% after deductible | 10% after deductible | 20% after deductible | 20% after deductible |
| Emergency Room | \$250 copay | \$250 copay | \$250 copay | 20% after deductible | 20% after deductible |
| Urgent Care Facility | \$50 copay | \$50 copay | Not covered | 20% after deductible | 50% after deductible |
| Inpatient Hospital Stay | 20% after deductible | 10% after deductible | 50% after deductible | 20% after deductible | 50% after deductible |
| Outpatient Surgery | 20% after deductible | 10% after deductible | 50% after deductible | 20% after deductible | 50% after deductible |
| Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4) | | | | | |
| Retail Pharmacy (30-day supply) | \$10 / \$40 / \$60 / 20% with \$100 max | \$10 / \$40 / \$60 / 20% with \$100 max | \$10 / \$40 / \$60 / 20% with \$100 max | 20% after deductible | 50% after deductible |
| Mail Order (90-day supply) | \$20 / \$80 / \$120 / 20% with \$200 max | \$20 / \$80 / \$120 / 20% with \$200 max | N/A | 20% after deductible | N/A |
| Biweekly Paycheck Deductions | Choice Plan EPO | Choice Plus Plan PPO | | Choice Plus HDHP with HSA | |
| • Team Member Only | \$106.38 | \$122.31 | | \$70.38 | |
| • Team Member + Spouse | \$219.69 | \$253.85 | | \$147.69 | |
| • Team Member + Child(ren) | \$207.69 | \$246.92 | | \$138.46 | |
| • Team Member + Family | \$319.38 | \$417.69 | | \$267.69 | |

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



DENTAL

We are proud to offer you a choice of two dental plans through Cigna Dental. Both plans cover preventive and diagnostic services like routine exams and cleanings, fluoride treatments, sealants and X-rays; basic services such as simple fillings and extractions, root canals, oral surgery and gum disease treatment; major services such as crowns and dentures; and orthodontia. You may choose between two dental plans. You will be able to elect either the LOW Dental Plan, which provides varying levels of coverage, depending on the service, up to an annual maximum of \$1,000 per person. Or, you can elect the HIGH Dental Plan, which provides varying levels of coverage at an enhanced level with a \$2,000 annual maximum.

The following is a high-level overview of the coverage available.

| Key Dental Benefits | High Plan | | Low Plan | |
|-------------------------------------------------------------------------------------------|-----------------|----------------------|-----------------|----------------|
| | In-Network Only | Out-of-Network | In-Network Only | Out-of-Network |
| Deductible (per calendar year) | | | | |
| Individual / Family | \$0 / \$0 | \$50 / No limit | \$0 / \$0 | \$0 / \$0 |
| Benefit Maximum (per calendar year; preventive, basic and major services combined) | | | | |
| Per Individual | \$2,000 | \$2,000 | \$1,000 | \$1,000 |
| Covered Services | | | | |
| Preventive Services | No charge | No charge | No charge | No charge |
| Basic Services | 20% | 20% after deductible | 20% | 20% |
| Major Services | 50% | 50% after deductible | 50% | 50% |
| Orthodontia (Child & Adult) | 50% | 50% | 50% | 50% |
| Orthodontia Lifetime Maximum | \$2,000 | | \$1,000 | |
| Biweekly Paycheck Deductions | | | | |
| | High Plan | | Low Plan | |
| • Team Member Only | \$5.31 | | \$3.46 | |
| • Team Member + Spouse | \$9.92 | | \$6.69 | |
| • Team Member + Child(ren) | \$8.77 | | \$6.00 | |
| • Team Member + Family | \$15.00 | | \$9.92 | |

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

VISION

Regular eye examinations are important to your overall health. In fact, eye exams can be used to spot symptoms of diseases and conditions like diabetes, high cholesterol, hypertension, cataracts, multiple sclerosis, brain tumors, lupus, AIDS, osteoporosis, rheumatoid arthritis and Grave's disease.

The vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the EyeMed network. The following is a high-level overview of the coverage available.

| Key Vision Benefits | In-Network | Out-of-Network Reimbursement |
|----------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|
| Exam (once every calendar year) | \$0 | Up to \$40 |
| Materials Copay | \$0 | N/A |
| Lenses (once every calendar year) Single Vision Bifocal Trifocal | \$0 | Up to \$40 Up to \$60 Up to \$80 |
| Frames (once every calendar year) | 20% off balance over \$130 allowance | Up to \$65 |
| Contact Lenses (once every calendar year; in lieu of glasses) | \$130 allowance | \$130 allowance |
| Biweekly Paycheck Deductions | | |
| • Team Member Only | \$0.45 | |
| • Team Member + Spouse | \$0.85 | |
| • Team Member + Child(ren) | \$0.90 | |
| • Team Member + Family | \$1.25 | |

FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSAs allow you to set aside money through pre-tax payroll deductions to cover qualified out-of-pocket health and dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare Taxes.

You can be reimbursed for your full health care FSA amount at any time during the plan year, as long as you have eligible claims. You do not have to have funds in your account to receive reimbursement or use your FSA debit card.

TWO TYPES OF FSAs

| | Health Care FSA | Dependent Care FSA |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is it | Able to use pre-tax dollars to pay out-of-pocket health care expenses that are not covered by your medical, dental and vision plans. | Used to set aside pre-tax funds to pay for the cost of care for eligible dependents while you are at work. |
| Who contributes | You; the company cannot contribute. | You; the company cannot contribute |
| Contribution limits | \$3,300 | Up to \$5,000 (\$2,500 if you're married and you file separate tax returns) |
| Eligible expenses | <ul style="list-style-type: none"> • Medical, dental and vision copays, coinsurance and deductibles • Prescription drugs • Select over-the-counter prescriptions • Eyeglasses, contact lenses and vision exams • Orthodontia <p>Refer to IRS publication 502 for a complete list.</p> <p>Visit myportillospage.com > Benefits Center > IRS publications</p> | <p>The following are eligible daycare expenses if they are for children under age 13 or disabled adult dependents while you and your spouse work or attend school:</p> <ul style="list-style-type: none"> • Daycare centers (including adult daycare facilities for qualified dependents) • In-home private daycare providers • Before-and after-school care (if not included in tuition) <p>Refer to IRS publication 503 for a complete list.</p> <p>Visit myportillospage.com > Benefits Center > IRS publications</p> |
| Rollovers and forfeitures | <p>You can roll over up to \$660 in unused funds from 2025 to 2026 and have until March 31, 2026, to submit reimbursement requests for 2025 expenses.</p> <p>Any remaining dollars will be forfeited.</p> | <p>You lose any remaining funds at the end of the year, but you have until March 31, 2026, to submit reimbursement requests for 2025 expenses.</p> |
| Limitations | You cannot participate if you are enrolled in the High-Deductible Health Plan with HSA. | You cannot participate if you meet the IRS definition of a highly compensated employee. |



VOLUNTARY BENEFITS

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Voya Financial are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. They're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

ACCIDENT INSURANCE

Accident insurance pays a benefit to you to help cover out-of-pocket expenses when you get hurt unexpectedly outside of work. While you can count on health insurance to cover medical expenses, you may end up paying out of your own pocket for expenses such as your deductible, coinsurance or over-the-counter medicine. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up. Benefits are available for the treatment of everyday injuries such as dislocations, fractures, burns, lacerations, ruptured discs, concussions and more.

CRITICAL ILLNESS

Critical illness insurance pays you a lump-sum benefit of up to \$30,000 (depending on which plan option you choose) if you are diagnosed with a covered disease or condition. You can use this money however you like, such as to help pay for your deductible and coinsurance, in addition to services that may not be covered by your medical plan, like homeopathic treatments and travel costs. Covered conditions include heart attack, cancer, stroke, infectious disease, major organ transplant, coronary artery bypass or angioplasty, type 1 diabetes, bone marrow or stem cell transplant, pacemaker placement, permanent paralysis, coma, multiple sclerosis, Parkinson's, advanced dementia and more.

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance pays a benefit to you if you or a covered person is confined to the hospital as an inpatient for a sickness or injury. Just think about the possibility of having a hospital stay due to the birth of a baby, COVID-19, surgical removal of kidney stones, or an emergency appendectomy. Hospital Indemnity Insurance can help you be better prepared by paying you a benefit that can help you focus more on getting back on track and less on the extra expenses a hospital confinement may bring.

IDENTITY THEFT PROTECTION

You may not think it can happen to you, but one in four people has experienced identity theft. Everyday activities like using public Wi-Fi and shopping online can expose your personal information to identity thieves. When you become a NortonLifeLock member, you'll have exclusive member-only protection services, including proprietary technology that detects a wide range of threats.

Coverage includes:

- Monitoring services for bank accounts, credit cards and retirement accounts, in addition to credit monitoring
- Social media monitoring and parental controls
- VPN and firewall protection for your home and mobile devices
- Stolen wallet protection
- Help reducing solicitations

The Benefit Premier Plan includes these additional services:

- Monthly credit score tracking
- Checking and savings account application alerts
- Security software for up to 5 devices (10 with family coverage)

PET INSURANCE

With Spot pet insurance, you can protect your pet in case of an accident, illness or emergency and get reimbursed for up to 90% of eligible vet bills. In addition, you can get coverage for surgery, cancer treatment, prescriptions, microchip implantation, X-rays, behavioral issues, dental disease and more. Get up to 20% off your policy and a 30-day money back guarantee when you enroll in a Spot pet insurance plan.

COMMUTER BENEFITS

The pre-tax Commuter Benefits Program allows you to set aside pre-tax payroll deductions to pay for qualified workplace mass transit expenses, such as bus, subway or vanpool fares and even certain parking expenses. It also includes expenses for a pass, token, farecard or similar item.

This program allows you to save pre-tax dollars to offset the cost of transit and/or parking and potentially reduce your commuting expenses by up to 40%. Please note this percentage varies based on your tax bracket.

Mass Transit

Whether you take the train, bus, "L", UberPOOL, Lyft Shared or a combination of these transit options to get to work, these costs are eligible expenses through the Commuter Benefits Program.

Parking

If you commute with your own vehicle to work and pay to park near your regular place of employment or use SpotHero to reserve and pre-pay for parking spots in select cities, these costs are eligible expenses through the Commuter Benefits Program.

Visit myportillospage.com > **Benefits Center** > **Voluntary Benefits** for more information.

MENTAL WELL-BEING

MEDICAL COVERAGE FOR MENTAL HEALTH

If you are enrolled in a Portillo's health plan, you and anyone you're covering have access to mental health services as part of your medical coverage. Behavioral health services are processed like all other medical claims.

Contact UHC at 1-866-633-2446, or use any of the following to find an in-network counselor, specialist or virtual option:

- Log in to myuhc.com
- Download the UHC app.



TIME OFF

VACATION

Portillo's provides vacation time for PFS Addison Team Members.

Visit myportillospage.com > **Benefits Center** > **PFS Addison Time Off** for more information on your respective vacation plan.

PAID HOLIDAYS

Portillo's Food Service is closed for the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Team Members receive **8 hours** of pay while PFS is closed.

LEAVES OF ABSENCE

At Portillo's, we offer leave of absence options based on individual needs. Eligibility criteria differ based on the type of leave and local/state requirements.

Additional Information:

Visit myportillospage.com > **Benefits Center** > **Leave of Absence** to know where and how to apply for a leave.

PERKS & DISCOUNTS

FREE GIFT CARDS FOR PORTILLO'S FOOD

Portillo's provides PFS Addison Team Members with Portillo's Gift Cards each quarter. Additionally, Team Members can request a code to receive a catering discount. Everyone also loves it when the Beef Bus comes to PFS.

TICKETS-AT-WORK

Exclusive savings on movie tickets, theme parks, hotels, tours, Broadway, Vegas shows and more.

Visit myportillospage.com > **Benefits Center** > **Tickets-At Work** for information on how to register and receive discounts.

WIRELESS DISCOUNTS AND MORE

Verizon - You may be eligible to receive a discount of up to 17%.
T-Mobile - Save up to 15% along with access to Netflix, 50GB of hot spot data and unlimited in-flight wifi.

Visit myportillospage.com > **Benefits Center** > **Wireless Discounts** for discounts, codes and qualifications.

CAR RENTAL DISCOUNTS

- **Avis Car Rental** - You may be eligible to save up to 25% off base rates.
- **Budget Car Rental and Admissions** - You may be eligible to save up to 25% off base rates and enjoy up to 30% off admission to Legoland Resorts, Legoland Discovery Centers, SEA LIFE Aquariums, Madame Tussauds or The San Francisco Dungeon.

Visit myportillospage.com > **Benefits Center** > **Car Rental Discounts** for discounts, codes and qualifications.

TECHNOLOGY DISCOUNTS

- **Dell:** Visit myportillospage.com > **Benefits Center** > **Dell**
- **CDW:** Visit myportillospage.com > **Benefits Center** > **CDW**

HEART OF PORTILLO'S FUND

The Heart of Portillo's Fund (HOP Fund) is a charitable fund that provides emergency assistance to eligible Portillo's Team Members facing financial hardship due to unavoidable situations. Team Members must meet HOP Fund eligibility criteria to apply to the Heart of Portillo's Fund. More information is available on MyPortillosPage.com. Or, you can email PortillosFund@portillos.com with any questions regarding the application or submission process.

HOP SHOP

Show your Portillo's pride by shopping at Portillo's Online Store. Find all kinds of fun swag, from T-shirts and jackets to backpacks and sunglasses—even a grill kit. Visit www.portillos-eshop.com (password: portillos).

ONE PASS SELECT (REPLACES GYMPASS)

One Pass Select is a fitness and well-being program that helps you lead a healthier lifestyle through access to gyms, online classes and grocery delivery. To get started, visit onepassselect.com and set up an account.



401(K) RETIREMENT SAVINGS PLAN

Joining Portillo's 401(k) plan is a great way to prepare for your future retirement. It is easy to enroll, see your account balance, change contribution rates and choose investments.

PLAN HIGHLIGHTS

- **Eligibility:** Team Members who are at least 21 years old and have worked for Portillo's at least 60 days.
- **Before Tax Savings Contributions:** You may contribute up to 50% of your regular earnings on a pre-tax basis through automatic payroll deductions up to the annual IRS contribution dollar limits
- **Company Match:** Portillo's will match 50% on the first 5% of your contributions up to \$500. That means if you contribute at least 5%, Portillo's will match 25%, up to \$2,500!
- **Vesting:** You are always 100% vested in your own contributions and any rollover contributions adjusted for earnings to losses.

Changes can be made any time after enrollment but are not effective until the first day of the following month.

ENROLLMENT

There are multiple ways to enroll:

- Visit www.netbenefits.com.
- Call Fidelity by phone at 800-835-5097
- Visit myportillospage.com > **Benefits Center** > **401(k)**

ROLLOVERS

If you would like to rollover an account, visit myportillospage.com > **Benefits Center** to access and follow instructions on the rollover form.

COMMUNICATION

Eligible Team Members will receive enrollment information from Fidelity at their home address. Please ensure this is accurate by logging into myportillospage.com > **Name, Address, and Telephone**.

Need Additional Information or Help:

- Call Fidelity at 1-800-835-5097
- Visit myportillospage.com > **Benefits Center** > **401(k)** for: 401(k) guidebook, current annual contribution limits.

EMPLOYEE STOCK PURCHASE PLAN (ESPP) - BEEF STOCK

We're excited to give eligible Team Members the opportunity to "dipp" into our Beef Stock program. This Employee Stock Purchase Program gives eligible Team Members the option to purchase PTLO stock at a **10%** discount during set intervals throughout the year.

Team Members are **eligible** to "dipp" into the Beef Stock program if they:

- Are at least 18 years old
- Have worked with Portillo's for at least one year, with an average of at least 20 hours per week over a six-month period
- Work at any level (hourly Team Members, restaurant management, Restaurant Support Center and PFS)

ELECTIONS

Team Members may elect between 1%-15% or up to \$25,000 per year of gross income per pay period through regular payroll deductions during the offering period.

ENROLLMENT

There are multiple ways to enroll:

- Visit NetBenefits.com.
- Visit Myportillospage.com > **Benefits Center** > **Employee Stock Purchase Plan (Beef Stock)**

COMMUNICATION

Eligible Team Members will receive all Beef Stock communication to their personal email address. Please ensure this is accurate by logging into:

myportillospage.com > **Name, Address, and Telephone**.

Need Additional Information or Help:

Call Fidelity Stock Plan Services Representative at 1-800-544-9354

Visit myportillospage.com > **Benefits Center** > **Employee Stock Purchase Plan (Beef Stock)** for:

- Quick Reference Guides showing how to open and manage your account.
- Portillo's Beef Stock ESPP Prospectus.

If you are not currently eligible to participate, don't sweat! There will be future opportunities to sign up and "dipp" into our Beef Stock.

EDUCATION BENEFITS: PERSONAL AND PROFESSIONAL DEVELOPMENT

Portillo's is committed to growing and developing our people. We believe that by investing in our Team Members' personal and professional development, we are not only building a stronger workforce but also fostering a culture of continuous learning and greatness.

UNIVERSITY OF PORTILLO'S

Ignite Leadership Program: Provides Team Members with leadership training and management job skills for development as a PFS Crew Chief.

LINKEDIN LEARNING (CREW CHIEFS ONLY)

Take your career at Portillo's to the next level. LinkedIn Learning provides access to more than 18,300 high-quality on-demand courses covering the latest business, technology and creative skills. Once you sign up, you'll receive personalized course recommendations that are designed to help you achieve your full potential. An invitation will be sent to your Portillo's email address for free membership.

BILINGUAL EDUCATION (CREW CHIEFS ONLY)

Some have shared their interest in learning other languages to expand their communication skills. We are offering a Duolingo one-year subscription for Crew Chiefs who wish to become bilingual.

Duolingo One-Year Subscription:

- Portillo's will pay for a 1-year subscription to Duolingo.
- Teaches reading, listening and speaking skills in quick, virtual lessons. This is self-guided learning that can be accessed anywhere via mobile device.
- If you're interested, please speak with your Plant Manager.

REWARDS AND RECOGNITION

FRANKS-A-LOT FUND

Fun is one of our values. The PFS Leadership team uses a monthly fund to enhance the Team Member experience with festivities, gifts, treats and more. It fosters a positive and engaging work environment, demonstrating our commitment to our family members.

HEART OF PORTILLO'S RECOGNITION

Managers and fellow Team Members acknowledge individuals who serve as examples in living our Purpose and Values of Family, Greatness, Energy and Fun.

ANNIVERSARY CELEBRATION AND AWARDS

Portillo's recognizes Team Member work anniversaries every year with a card, pin (1-5 and milestone years) and special note.

We joyfully celebrate milestone anniversaries at 10, 20, 30 and 40 years with a special awards dinner honoring our exceptional Team Members and their cherished guests. As a token of our appreciation, the following heartfelt gifts are awarded:

- **10 years:** Premium jewelry gift **valued up to \$850.**
- **20 / 30 / 40 years:** monetary gifts in the **amounts of \$5,500 + one week vacation**, minus applicable taxes.

GENERAL CONTACT INFORMATION

Benefits Service Team:

☎ 630-954-3773, 9:00 a.m. - 4:00 p.m. CT,
Weekdays

✉ benefits@portillos.com

Visit MyPortillosPage.com and click on Benefits Center if you want additional information on Benefits Enrollment and benefit program.

WHERE TO GET HELP AND CONTACTS

Use the information below when you have questions about different benefit programs.

| Benefit | Contact | Phone | Website / App |
|-----------------------------------------------------|--------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 401(k) Retirement Savings Plan | Fidelity | 1-800-835-5097 | www.netbenefits.com |
| Accident and Critical Illness Insurance | Voya Financial | 1-877-236-7564 | www.voya.com |
| Back Pain Management with Medical Plan | UnitedHealthcare (UHC) | 1-888-887-4114 | App: UHC www.myuhc.com |
| Commuter Benefits | Wex | 1-866-451-3399 | wexinc.com/contact/health customerservice@wexhealth.com |
| DailyPay | DailyPay | 1-866-432-0472 | App: DailyPay employee.support@dailypay.com Chat: employee.dailypay.com |
| Dental | Cigna | 1-800-244-6224 | App: myCigna www.Mycigna.com |
| Diabetes | UnitedHealthcare (UHC) | 1-888-887-4114 | App: UHC www.myuhc.com |
| Discounts - Tickets-at-Work | Tickets-at-Work | 1-800-331-6483 | www.ticketsatwork.com Visit: myportillospage.com for company code |
| Employee Assistance Program (EAP) with Medical Plan | UnitedHealthcare (UHC) | 866-633-2446 | App: UHC www.liveandworkwell.com |
| Employee Stock Purchase Plan (ESPP) - Beef Stock | Fidelity | 1-800-544-9354 | www.netbenefits.com Visit: myportillospage.com for information |
| Flexible Spending Accounts (FSAs) | UnitedHealthcare (UHC) | 1-866-633-2446 | App: UHC www.myuhc.com |
| Health Savings Account (HSA) with HDHP Plan | Optum Bank | N/A | Refer to myportillospage.com > Benefits > Vendor Contact List |
| Heart of Portillo's Fund | Portillo's | N/A | portillosfund@portillos.com Visit: myportillospage.com for information |
| HOP Shop | Portillo's | N/A | www.portillos-eshop.com Visit: myportillospage.com for company code |
| Hospital Indemnity Insurance | Voya Financial | 1-877-236-7564 | www.voya.com |
| Identity Protection | Norton LifeLock Benefit Solutions | 1-800-607-9174 | www.my.norton.com |
| Maternity Support with Medical Plan | UnitedHealthcare (UHC) Maternity Support Program | 1-877-201-5328 | App: UnitedHealthCare Health Pregnancy www.myuhc.phs.com/maternitysupport |
| Medical and Prescription | UnitedHealthcare (UHC) | 1-866-633-2446 | App: UHC www.myuhc.com |
| Medical Concierge with Medical Plan | UnitedHealthcare (UHC) - Care24 Services | 1-888-887-4114 | App: UHC www.myuhc.com |
| One Pass | One Pass | N/A | www.onepassselect.com |
| Pet Insurance | Spot Pet Insurance | 1-800-905-1595 | www.spotpet.link/portillos.com |
| Quit For Life - Smoking with Medical Plan | UnitedHealthcare (UHC) Quit for Life | 1-866-QUIT-4-LIFE | www.myquitforlife.com/portillos |
| Vision | EyeMed | 1-866-804-0982 | App: EyeMed www.Eyemed.com |

DISCLAIMER: This guide is not a contract or guarantee of any benefit. It provides an overview of many of the benefits for Portillo's Team Members. It is not intended to provide a complete description of these benefits, and it is not used to administer or document the terms of any Portillo's benefit plan or program. Portillo's may change, vary from or terminate any benefit plan or program at any time. If there are any conflicts between this document and the official plan/program documents and policies, the official documents and policies will govern.

NOTES

IMPORTANT NOTICES

Medicare Part D Creditable Coverage Notice

Important Notice from Portillo's Hot Dogs, LLC About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Portillo's Hot Dogs, LLC** (the "Plan Sponsor") and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Plan Sponsor has determined that the prescription drug coverage offered by the Medical Plan through UnitedHealthcare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Plan Sponsor coverage may be affected. Moreover, if you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the department listed at the end of this notice for more information about what happens to your coverage if you enroll in a Medicare Part D prescription Drug Plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Plan Sponsor and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the department listed on the following page for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Plan Sponsor changes. You also may request a copy of this notice at any time.

IMPORTANT NOTICES

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 08/31/24

Name of Entity/Sender: Portillo’s Hot Dogs, LLC

Contact-Position/Office: Benefits Department

Address: 2001 Spring Rd, Ste 400, Oak Brook, IL 60523

Phone Number: 630-954-3773

IMPORTANT NOTICES

CHIPRA/CHIP Notice

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility -

| ALABAMA - Medicaid | CALIFORNIA - Medicaid |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov |
| ALASKA - Medicaid | COLORADO - Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) |
| The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx | Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442 |
| ARKANSAS - Medicaid | FLORIDA - Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268 |

IMPORTANT NOTICES

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center">GEORGIA - Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p> | <p align="center">MASSACHUSETTS - Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p> |
| <p align="center">INDIANA - Medicaid</p> <p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/hip/ Family and Social Services Phone: 1-800-403-0864, Member Services: 1-800-457-4584</p> | <p align="center">MINNESOTA - Medicaid</p> <p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p> |
| <p align="center">IOWA - Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p> | <p align="center">MISSOURI - Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> |
| <p align="center">KANSAS - Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p> | <p align="center">MONTANA - Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p> |
| <p align="center">KENTUCKY - Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p> | <p align="center">NEBRASKA - Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p> |
| <p align="center">LOUISIANA - Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p> | <p align="center">NEVADA - Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p> |
| <p align="center">MAINE - Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p> | <p align="center">NEW HAMPSHIRE - Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p> |

IMPORTANT NOTICES

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>NEW JERSEY - Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392</p> <p>CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p> | <p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov</p> <p>Phone: 1-888-828-0059</p> |
| <p>NEW YORK - Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p> | <p>TEXAS - Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services</p> <p>Phone: 1-800-440-0493</p> |
| <p>NORTH CAROLINA - Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/</p> <p>Phone: 919-855-4100</p> | <p>UTAH - Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/</p> <p>CHIP Website: http://chip.utah.gov</p> <p>Phone: 1-888-222-2542</p> |
| <p>NORTH DAKOTA - Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare</p> <p>Phone: 1-844-854-4825</p> | <p>VERMONT- Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access (https://dvha.vermont.gov/members/medicaid/hipp-program)</p> <p>Phone: 1-800-250-8427</p> |
| <p>OKLAHOMA - Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org</p> <p>Phone: 1-888-365-3742</p> | <p>VIRGINIA - Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</p> <p>https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</p> <p>Medicaid/CHIP Phone: 1-800-432-5924</p> |
| <p>OREGON - Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx</p> <p>Phone: 1-800-699-9075</p> | <p>WASHINGTON - Medicaid</p> <p>Website: https://www.hca.wa.gov/</p> <p>Phone: 1-800-562-3022</p> |
| <p>PENNSYLVANIA - Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</p> <p>Phone: 1-800-692-7462</p> <p>CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) (https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx)</p> <p>CHIP Phone: 1-800-986-KIDS (5437)</p> | <p>WEST VIRGINIA - Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/</p> <p>http://mywvhipp.com/</p> <p>Medicaid Phone: 304-558-1700</p> <p>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p> |
| <p>RHODE ISLAND - Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/</p> <p>Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p> | <p>WISCONSIN - Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</p> <p>Phone: 1-800-362-3002</p> |
| <p>SOUTH CAROLINA - Medicaid</p> <p>Website: https://www.scdhhs.gov</p> <p>Phone: 1-888-549-0820</p> | <p>WYOMING - Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</p> <p>Phone: 1-800-251-1269</p> |

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

Employee Benefits Security Administration Centers for Medicare & Medicaid Services

U.S. Department of Labor
www.doi.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

IMPORTANT NOTICES

Annual Notice of Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **630-954-3773** for more information.

Notice of Availability of HIPAA Notice of Privacy Practices

Portillo's Hot Dogs, LLC
2001 Spring Rd, Ste 400, Oak Brook, IL 60523
8/31/24

To: Participants in the Portillo's Hot Dogs, LLC Premium Conversion Welfare Benefit Plan From: Benefits Department

Re: Availability of Notice of Privacy Practices

The Portillo's Hot Dogs, LLC Premium Conversion Welfare Benefit Plan (the "Plan") maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact the Benefits Department at 630-954-3773 or email benefits@portillos.com.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no later than **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment no later than **30 days** after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have **60 days** after the date of the event to request enrollment in your employer's plan:

- Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
- Your dependents become eligible for a state's premium assistance program.

To take advantage of special enrollment rights, you must experience a qualifying event **and** provide the employer plan with timely notice of the event and your enrollment request.

To request special enrollment or obtain more information, contact the Benefits Department at 630-954-3773 or email benefits@portillos.com.



Portillo's[®]

HOT DOGS · BEEF · BURGERS · SALADS

2025 BENEFITS

FOR PORTILLO'S FOOD SERVICE HOURLY (NON-OFFICE) TEAM MEMBERS - ADDISON

