



PLAN WELL. BE WELL.

2023 ANNUAL ENROLLMENT
ENROLL NOVEMBER 1 - 18, 2022



TOTAL
REWARDS



WELCOME TO 2023 ANNUAL ENROLLMENT

Empowering You to Make Great Choices

Review your current Anheuser-Busch (A-B) benefits and make choices to best support your family's health and wellbeing in 2023.

This year, we're excited to introduce some updated features to the annual enrollment process:

- New benefits portal
- Pilot+ Decision-making tool
- Mobile App (search for "Empyrean" via your preferred app store)

Also, be sure to check out www.mybenefitschoices.com year round as a one-stop-shop for all your benefits, wellness, and total rewards needs.

At A-B, we are proud to offer affordable, high-quality benefits that help you live your best life and contribute to your Total Wellbeing.



Scan the QR code to access
the Benefits Portal.

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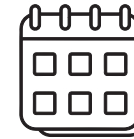
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✓ YOUR ENROLLMENT CHECKLIST



**ANNUAL ENROLLMENT IS
NOVEMBER 1 - 18, 2022**

It's an **ACTIVE** enrollment this year. Follow the steps below to get the coverage you want for 2023.

- Go to **www.mybenefitschoices.com/annual-enrollment**
- Confirm** who you want to cover
- Want help deciding?** When you enroll, let **Pilot+** support your benefits choices

Remember, the 2023 elections you make cannot be changed after **November 18, 2022**, unless you experience a Qualifying Life Event. Learn more at **www.mybenefitschoices.com**.

**Need help? Contact the
Annual Enrollment Support Center**

Call **(800) 952-7522** or schedule a live enrollment session with a Virtual Counselor at: **www.benefitsgo.com/ABWebScheduler**



INTRODUCING PILOT+

Empyrean Pilot+ replaces our previous decision-making tool, ALEX. Pilot+ helps you review options and recommends a best-match benefits package that you can automatically transfer into your elections! Pilot+ will also provide ongoing education, recommendations and guidance throughout the year!

RESOURCES TO HELP YOU ENROLL

WHAT DO YOU NEED?

I'm ready to enroll!



I want guidance as I enroll!



I need full-service help with enrollment. I want to review my options live and share my screen.



Help! I'm not able to enroll online.



I'm on the go and need to enroll using my mobile device.



HERE'S WHERE TO GO...

Go to www.mybenefitschoices.com/annual-enrollment

Use Pilot+ to receive a recommendation that matches your needs

Schedule a live enrollment session with an Aon counselor at: www.benefitsgo.com/ABWebScheduler

Call the **Annual Enrollment Support Center** before 5:00pm (CT) on November 18, 2022 at **(800) 952-7522**

Download the **Empyrean Go App**



Apple



GooglePlay

WHAT IF YOU DON'T TAKE ACTION DURING ANNUAL ENROLLMENT?

You will have the following default coverage for 2023:

Medical, Dental, Vision

If enrolled in 2022

Basic options for each plan with your 2022 coverage tier carried over (e.g., employee only, employee and spouse, etc.)

If not enrolled in 2022

No Medical, Dental, Vision coverage through A-B in 2023

IMPORTANT!

New hires will have to enroll in benefits for 2022 and for 2023!

FSA, HSA, Vacation Sell

No election

Other Benefits

Your 2022 election

Tobacco-use and Spousal Surcharge

Your prior year answer




Looking to participate while on Leave of Absence? Scan this QR code to learn more.

TAKE CONTROL OF YOUR COSTS

SAVE WITH FLEX CREDITS

Congratulations for participating in activities that improve your own health! Here's the annual value of the Flex Credits that A-B provides to reward you if you enroll in an A-B Medical Plan:

\$1,175



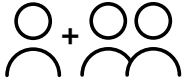
Employee

\$2,350



Employee and Spouse/
Domestic Partner or Child(ren)

\$3,150



Family

HOW DO I CONFIRM IF I RECEIVED FLEX CREDITS?

When you go to enroll in 2023 benefits, your Flex Credits will be shown in the Benefits Portal as you enroll if you completed the required AB Well activities by the deadline.* If you experience any issues, contact the Annual Enrollment Support Center at **(800) 952-7522**.

HOW TO USE FLEX CREDITS:



ENROLL IN A MEDICAL PLAN

You must enroll in a medical plan to see Flex Credits.



IMPORTANT! Be sure to use **ALL** of your remaining Flex Credits toward your benefit elections. Any unused credits will be taxed as income.



*Employees/spouses/domestic partners first covered by an A-B medical plan on or after 6/1/22 were not required to complete the AB Well Program requirements to receive Flex Credits during this year's Annual Enrollment.

ABOUT YOUR PLAN OPTIONS

CHOOSE THE RIGHT MEDICAL PLAN FOR YOU

A-B offers three Cigna medical plans — Basic, Standard, and Plus — each designed to meet different health care and financial needs. See page 17 for 2023 contributions.

A-B MEDICAL PLAN:

Basic

Standard

Plus

CONSIDER IF:

You prefer to pay less each month in premiums and benefit from the tax-advantaged features of an HSA or Limited FSA, and are willing to pay more when you actually use medical care.

- You are willing to pay more in premiums each month to have a lower deductible and copays for some services.
- You prefer cost predictability if you need more medical services.
- You want to benefit from the tax-advantaged features of a Healthcare FSA.

USING AN HSA OR FSA ACCOUNT:

Maximize your HSA with the **Basic and/or Standard plan** with tax-free contributions that are always yours and grow tax free! **Limited FSAs** can be paired with HSAs to cover qualified vision and dental costs. **Use your Limited FSA first!**

Complement the Plus plan with an FSA! **Health Care FSAs** can be paired with the **Plus plan** to pay for qualified medical, RX, dental, and vision expenses. **Don't forget that these funds are use it or lose it.**

Visit www.mybenefitschoices.com/glossary to look up terms you don't know.



MEDICAL PLANS*

Here's how our Cigna medical plans compare for **in-network** care:

PLAN FEATURE	BASIC	STANDARD	PLUS
SAVINGS/SPENDING ACCOUNT	HSA/Limited FSA Compatible	HSA/Limited FSA Compatible	Healthcare FSA Compatible
CALENDAR YEAR DEDUCTIBLE	\$3,000/Individual \$6,000/Family	\$1,500/Individual \$3,000/Family*	\$1,000/Individual Medical + \$100/Individual Rx \$2,000/Family Medical + \$200/Family Rx
OUT-OF-POCKET MAXIMUM	\$4,500/Individual \$9,000/Family	\$4,000/Individual \$8,000/Family	\$3,500/Individual Medical + \$2,500 Rx \$7,000/Family Medical + \$5,000 Rx
MEDICAL SERVICES			
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Physician Office Visit	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 100% after \$30 copay
Specialist Office Visit			Plan pays 100% after \$50 copay
Hospital Services (In-patient)			Plan pays 80% after deductible
Out-patient Services			Plan pays 80% after deductible
Emergency Room Services*			Plan pays 100% after \$250 copay
Urgent Care			Plan pays 100% after \$100 copay
PRESCRIPTION DRUG (RX)			
Retail — up to a 30-day supply	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 100% after \$10 copay
Generic			Plan pays 70% (you pay \$25 min., \$100 max.)
Preferred Brand			Plan pays 60% (you pay \$45 min., \$150 max.)
Non-Preferred Brand			
Home Delivery — up to a 90-day supply	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 100% after \$20 copay
Generic			Plan pays 30% (you pay \$50 min., \$200 max.)
Preferred Brand			Plan pays 40% (you pay \$90 min., \$300 max.)
Non-Preferred Brand			

*Review important details in the "References and Disclaimers" on page 18 of this guide before deciding which plan is best for you.

STILL HAVE QUESTIONS?

You can look up key terms used in this guide on www.mybenefitschoices.com/glossary. For information about Dependent Coverage, visit the **Benefits Portal**.

SAVINGS/SPENDING ACCOUNTS

PLAN FEATURE	HEALTH SAVINGS ACCOUNT	LIMITED FLEXIBLE SPENDING ACCOUNT	HEALTH CARE FLEXIBLE SPENDING ACCOUNT
Required Medical Plan	Basic or Standard	Basic or Standard if you have an HSA	Plus
Annual IRS Pre-Tax Contribution Maximums*	<ul style="list-style-type: none"> • \$3,850 Individual • \$7,750 Family • Up to \$1,000 Catch-Up Contribution for employees age 55 and older. 	\$2,850	\$2,850
What can Funds be used for?	Eligible medical, prescription drug, dental, and vision expenses	Eligible dental and vision expenses	Eligible medical, prescription drug, dental, and vision expenses
When Funds are Available	Your contributions are added each pay period. You can only use the actual balance in your account to pay for eligible expenses.	You have access to this on January 1, 2023.	You have access to this on January 1, 2023.
What Happens To Funds at Year End	Your balance is always yours.	You can roll over up to \$570 to the next plan year.	You can roll over up to \$570 to the next plan year.
What Happens If You Leave A-B	Your HSA funds are always yours to keep.	You can file claims until March 31, 2024 for services received while you were working at A-B during 2023.	You can file claims until March 31, 2024 for services received while you were working at A-B during 2023.

*The total amount you can contribute includes your contributions (including any Flex Credits you designate) and any contributions from your spouse to their own separate HSA (if applicable).

NEED MORE INFORMATION?

Scan this QR code for full details on each savings/spending account.



DENTAL PLANS

Dental coverage is provided by Delta Dental of Missouri and offers a national provider network.

DENTAL PLAN:

CONSIDER IF:

Basic	→	You only want coverage for two cleanings/ oral exams.
Standard	→	You want coverage for more than a cleaning (for cavities, etc.).
Plus	→	You want coverage for adult/child braces.



See page 17 for 2023 contributions.

	BASIC	STANDARD	PLUS
Annual Deductible	\$0	\$50/Individual \$150/Family	\$50/Individual \$150/Family
SERVICES			
Preventive	100% covered	100% covered	100% covered
Basic	Not covered	80% covered for PPO providers 60% for Premier or non-network providers	80% covered for PPO providers 60% for Premier or non-network providers
Major	Not covered	50% covered	50% covered
Orthodontia	Not covered	Not covered	50% covered up to a Lifetime Maximum Benefit of \$3,000
Annual Maximum	\$500	\$1,000	\$3,000

For a list of Dental providers in the Delta Dental PPO network, go to www.deltadental.com or call (800) 335-8266. Refer to your plan summary during enrollment for details about covered services.

VISION PLANS

Vision coverage is provided by VSP and offers a national provider network. See page 17 for 2023 contributions.

VISION PLAN:

Basic



CONSIDER IF:

You only want coverage for a basic eye exam once-a-year with a \$0 copay.

- Frames/lenses not covered

Standard



You want coverage for one pair of glasses every other year with a \$20 eye exam copay and a frame allowance of \$150.

- \$40 copay for lenses every 12 months
- \$60 copay for contact lens evaluation/fitting every 12 months

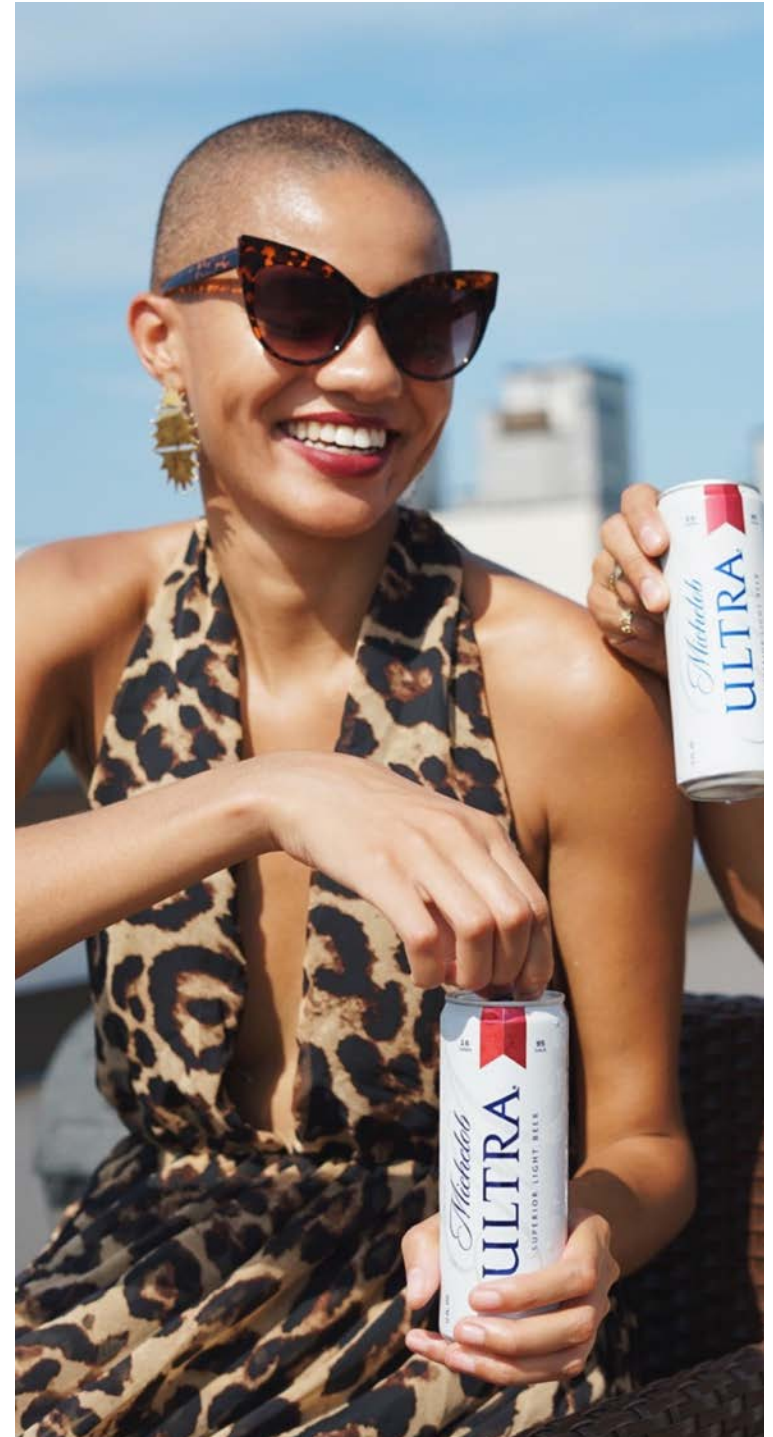
Plus



You want coverage for one pair of glasses every year with a \$10 eye exam copay and a frame allowance of \$200.

- \$25 copay for lenses every 12 months
- \$60 copay for contact lens evaluation/fitting every 12 months

For a list of Vision providers in the VSP Choice network, go to www.vsp.com or call (800) 877-7195. Limited out-of-network coverage. Refer to your plan summaries.



FINANCIAL PROTECTION FOR YOU AND YOUR FAMILY

These benefits are provided through MetLife and offer you and your family valuable financial support in the event you become seriously ill, injured, or die.

COMPANY-PROVIDED PROTECTION

No election required

Short-Term Disability (STD)*

Provides income protection if you become ill, injured (due to a non-work related injury), or pregnant and are unable to work for a limited period of time.

Life & AD&D Insurance

Life Insurance Coverage Options:

- Employee Only: **1x your base salary, up to a max of \$1.5M**
- Spouse/Domestic Partner: **\$5,000**
- Child(ren): **\$2,500**
- Upon your death, MetLife pays the coverage amount to your designated beneficiary(ies).

ADDITIONAL COVERAGE YOU CAN PURCHASE

Long-Term Disability (LTD)

Provides income protection if you are unable to work for an extended period of time due to a serious long-term illness or injury. If eligible, options and costs will be available online when you enroll.

Supplemental Coverage

- Supplemental Employee Life:
 - » From 1x — 8x salary, up to a max of \$1.5M
- Supplemental Employee AD&D:
 - » From 1x — 4x salary, up to a max of \$1M
- Supplemental Spouse/Domestic Partner Life:
 - » \$50,000 increments, up to a max of \$300,000
- Supplemental Child Life
 - » \$5,000, \$10,000, or \$15,000



IMPORTANT!

Look for MetLife Supplemental Life Insurance communications coming to your home for a special 2x enrollment opportunity without Evidence of Insurability.

**If you live in NY, NJ, CA, or HI, your state plan provides benefits first and MetLife will coordinate any necessary adjustments. This only applies to STD.*

BENEFITS TO PROTECT YOU AND YOUR FAMILY

VOYA VOLUNTARY BENEFITS

A-B offers the option to enroll in benefits from Voya. Please review the AD&D, Life Insurance, and STD coverage provided by A-B at no cost before you consider the supplemental benefits below. These benefits are paid by you through payroll deductions.

VOLUNTARY BENEFIT:

CONSIDER IF:

Critical Illness Insurance



You or a family member might experience a serious illness such as heart attack, stroke or cancer.

Accident Insurance



You are at risk of accidents or injury.

Permanent Whole Life Insurance



You need additional life insurance coverage with cash back loan option.

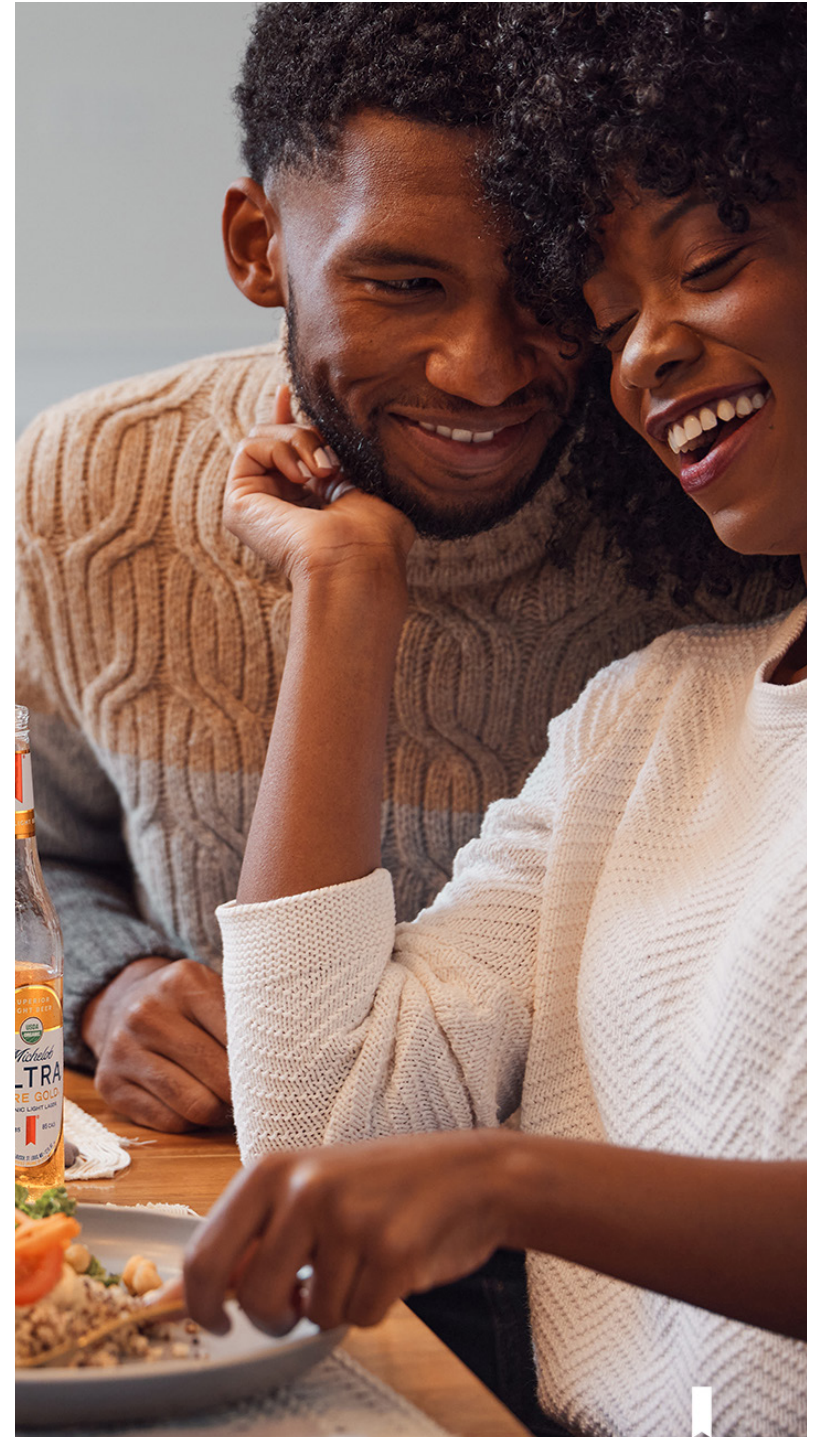
Hospital Indemnity Insurance



You have an upcoming hospital stay.

The policy or its provisions may vary or be unavailable in some states. If you live in NY you must enroll over the phone with a licensed agent. The policy has exclusions and limitations which may affect any benefits payable. Refer to your Eligibility and Administrative Rules SPD for details.

Note: If you and your spouse/domestic partner are both A-B employees, you may elect to be covered with an employee or a spouse policy, but not both. Each person can only be covered by one policy.



ADDITIONAL SAVINGS/SPENDING ACCOUNTS

COMMUTER BENEFITS

Save money on transportation to and from work with this convenient, pre-tax commuter savings account offered through HealthEquity (in partnership with WageWorks). Commuter benefits allow U.S. employees to set aside pre-tax dollars to pay for work-related transit and parking expenses (only employees are eligible).

You can place transportation orders 24/7 at my.healthequity.com.

DEPENDENT CARE FSA (DCFSA)*

You can pay less for eligible dependent care services for your children under age 13 and/or eligible adult dependents with tax-free contributions to a DCFSA.

- Up to **\$5,000 per household** (\$2,500, if you are married and filing taxes separately).
- Your contributions are added each pay period.
- Your unused account funds at year end cannot roll over from year to year; “use it or lose it.”
- You can file claims until 3/31/2024 for services received in 2023.

**You will need to submit receipts when you file claims for reimbursement.*

HEALTHEQUITY FEATURES

If you enroll in Commuter, HSA, or FSA benefits, you can expect to see your accounts in one place on HealthEquity’s dashboard and receive a welcome letter with instructions for accessing your online account.

Visit my.healthequity.com.



HEALTHEQUITY SAVING & SPENDING ACCOUNTS

Visit my.healthequity.com for more information about the accounts below.

Commuter

- **Save on Transit and Parking**

Find the Pre-Tax Limits by visiting <https://learn.healthequity.com/anheuser-busch/commuter> or view in HealthEquity’s Dashboard

Dependent Care

Dependent Care Flexible Spending Account

Up to \$5,000 per household or \$2,500 if married and filing taxes separately

Health Care

- Health Savings Account
- Limited Flexible Spending Account
- Health Care Flexible Spending Account

See page 9 for more details

ANNUAL ENROLLMENT

TUESDAY, NOVEMBER 1 — FRIDAY, NOVEMBER 18, 2022

Take action and elect your benefits for 2023 by 11:59 PM (CT) or over the phone at **(800) 952-7522** by 5:00pm (CT) on **Friday, November 18, 2022**. See page 3 for details.

Everything you need to enroll is available on: **www.mybenefitschoices.com**, including quick links to the:

- **Benefits Portal**, containing your personalized 2023 plan options and rates
- **Pilot+** decision making tool



ADDITIONAL BENEFITS AVAILABLE TO YOU:

- Employee Assistance Program with Health Advocate (company-provided!)
- Pet Insurance with Nationwide
- Legal Services Plan with MetLife
- Identity Security from LifeLock with Norton

ANNUAL ENROLLMENT IS ALSO A GREAT TIME TO CHECK UP ON YOUR 401(K)...

1. Make sure you're enrolled!
2. Contribute and turn on auto-escalation.
3. Review your portfolio to ensure your investments make sense.
4. Protect your loved ones; name a beneficiary!

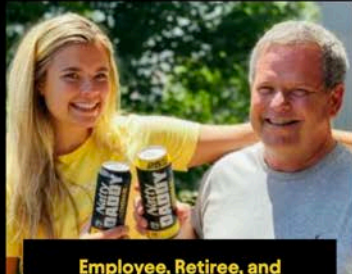
Go to **Vanguard.com/RetirementPlans** (Plan Number **097452**) or call **(800) 523-1188**.

Vanguard[®]

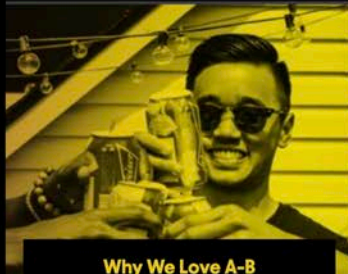
TOTAL REWARDS WEBSITE



Get the most out of your benefits by going to www.mybenefitschoices.com to find all the information you need to unlock the power of your Total Rewards!



Employee, Retiree, and Family Benefits



Why We Love A-B



People Team & Manager Tools

The Power of You x Total Rewards



www.mybenefitschoices.com

2023 MONTHLY CONTRIBUTIONS*

	BASIC**	STANDARD**	PLUS
CIGNA MEDICAL WITH FULL FLEX CREDITS			
Employee (EE)	(\$67)	\$0	\$93
EE + Spouse/Domestic Partner	(\$132)	\$0	\$204
EE + Child(ren)	(\$141)	(\$21)	\$147
EE + Family	(\$175)	\$0	\$290
CIGNA MEDICAL NO FLEX CREDITS			
Employee (EE)	\$30	\$98	\$191
EE + Spouse/Domestic Partner	\$63	\$196	\$400
EE + Child(ren)	\$54	\$175	\$343
EE + Family	\$87	\$263	\$552
DELTA DENTAL			
Employee (EE)	\$1	\$13	\$41
EE + Spouse/Domestic Partner	\$2	\$27	\$87
EE + Child(ren)	\$2	\$24	\$75
EE + Family	\$3	\$39	\$122
VSP VISION			
Employee (EE)	\$0	\$4	\$8
EE + Spouse/Domestic Partner	\$0	\$9	\$17
EE + Child(ren)	\$0	\$7	\$14
EE + Family	\$0	\$12	\$23

*Contributions shown are monthly. When you enroll online you'll see your per paycheck amount based on how often you receive your paycheck.

Cigna amounts shown as (\$xxx) indicate there is no paycheck deduction for the plan and you'll have remaining Flex Credits in the amount shown. You'll see this amount (adjusted to reflect your number of paychecks) during your online enrollment session after you select the medical plan; **and if both you and your spouse or domestic partner were required to participate in the AB Well program and only one of you completed the requirements, your medical contribution will reflect partial Flex Credits and you'll see the applicable amount online when you enroll.

TOBACCO SURCHARGE		SPOUSAL SURCHARGE	
Employee (EE)	\$80	Employee (EE)	N/A
EE + Spouse/Domestic Partner	\$160	EE + Spouse/Domestic Partner	\$266
EE + Child(ren)	\$80	EE + Child(ren)	N/A
EE + Family	\$160	EE + Family	\$266

REFERENCES AND DISCLAIMERS

MEDICAL PLANS

Deductibles and out-of-pocket maximums for the Standard plan are based on two tiers: Employee Only and All Others. The “Employee Only” provision only allows the employee expenses to be applied toward meeting the individual deductible and out-of-pocket maximum. For the “All Others” tier, there is a “True Family” deductible and out-of-pocket maximum. This means the full family deductible or out-of-pocket maximum can be met by either: one covered individual or a combination of covered family members’ claims and expenses before coinsurance or the out-of-pocket maximum will apply.

The Basic and Plus plans have embedded deductibles and out-of-pocket maximums, which means when any covered individual (employee or covered dependent) reaches the individual deductible or out-of-pocket maximum, coinsurance will begin to apply for that individual. Under the Basic and Standard Plans certain preventive medications are covered at 100%.

METAL CONTAINER CORPORATION

MCC Holding Company LLC plans are sponsored by MCC Holding Company LLC.

AVAILABILITY OF SUMMARY HEALTH INFORMATION

Anheuser-Busch offers several medical plan options. To help you make an informed choice, you should review the Summaries of Benefits and Coverage (SBCs), which summarize important information about the options in a standard format to help you compare across options. The SBCs can be found in the benefits portal, accessible through www.mybenefitschoices.com. You can also request a paper copy, free of charge.

TOBACCO SURCHARGE

The plan reserves the right to test you (and/or your covered spouse or domestic partner) for tobacco-use. If you elect to participate in an A-B sponsored medical plan and the plan determines (whether through the substance testing procedures or otherwise) that you (and/or your spouse/domestic partner) have used tobacco products when certified you did not, you will be assessed the full amount of increased medical contributions and will face an additional penalty.

Moreover, the plan may terminate coverage for you and your enrolled dependents. If, due to a medical condition, it is unreasonably difficult for you to meet the program requirements (or if it is medically inadvisable for you to meet the program requirements), the program will make available a reasonable alternative standard to receive the reduced contributions. Please contact the HR Service Center at (800) 952-7522 for more information about the reasonable alternative.

VACATION SELL

Certain employees hired before 2010 are eligible to sell up to five vacation days to offset the cost of their 2023 benefits. If eligible, you will see this option during your online enrollment. **Remember**, the value of the days you elect to sell cannot exceed the cost (payroll deduction) of your benefits.

GENERAL INFORMATION

The information included in this guide is intended as an overview only. It is not a complete description, nor is it a substitute for the applicable plan documents, summary plan descriptions, or insurance contracts. Due to eligibility requirements and Collective Bargaining Agreements, some of the benefits described here do not apply to all employees. In all cases, the official plan documents govern and are the final authority on the terms of the benefit plans. The Company reserves the right to modify, amend, or terminate the benefit plans at any time and for any reason. Receiving this document or participating in Company benefits is not a guarantee of future or continued employment or benefits.





