

**BLUE DIAMOND
GROWERS
2027 BENEFITS**



*Act with Integrity,
Work as Partners,
Deliver Quality Every Day,
Innovate,
Play to Win*



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MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Plan Information section for more details.

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GETTING STARTED

2027 BENEFITS

January 1st, 2027
through
December 31st, 2027

IMPORTANT NOTE:

This guide is a summary overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan documents including your benefit summaries, summary of benefits and coverage (SBCs) and summary plan descriptions (SPDs). The plan documents determine how all benefits are paid.

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, Blue Diamond Growers supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability, retirement benefits, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

WHO'S ELIGIBLE FOR BENEFITS?



Employees

You are eligible if you are an active employee working 30 or more hours per week.

Eligible dependents

- Legally married spouse.
- Registered Domestic Partner (RDP), where applicable by state law, is eligible for coverage if you have registered on the CA state registry.
- Natural, adopted or stepchildren, legal guardianship or children of a registered domestic partner up to age 26.
- Children over age 26 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).

For additional information, please refer to the plan documents for each benefit.

Who is not eligible

Members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Employees who work less than 30 hours per week, temporary employees not on Blue Diamond Growers payroll, contract employees, or employees residing outside the United States.

When you can enroll

You can enroll in benefits as a new hire or during the annual open enrollment period. New hire coverage begins on the first of the month following date of hire. You must enroll within 30 days of becoming eligible.

If you have been on layoff, your benefits will begin on the first of the month following your recall.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment, the one time each year that you can make changes to your benefits for any reason. Open enrollment is generally held in November every year for a January effective enrollment.

CHANGING YOUR BENEFITS



LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

THREE RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

1. Any change you make must be consistent with the change in status.
2. You must make the change within 30 days of the date the event occurs.
3. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.).

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change within 30 days after the event.

Dependent Verification

Making changes to dependents is subject to eligibility verification in order to ensure only eligible individuals are participating in our plans. You will be required to provide proof of one or more of the following within 30 days of their eligibility:

- Marriage Certification or License
- Domestic Partners Affidavit
- Birth Certificate
- Final decree of divorce
- Court documents showing legal responsibility for adopted children, foster children or children under legal guardianship
- Physician's written certification of disabling condition (for dependent children over age 26 incapable of self-support)

If you do not supply the proper documentation to make changes to dependents within the 30-day period, you will not be able to add the dependent(s) until the next open enrollment period.

ENROLLING FOR BENEFITS



OPEN ENROLLMENT PROCESS

Before you enroll

- All Blue Diamond Growers Open Enrollment benefit elections will be conducted in Workday.
- Blue Diamond Growers' Open Enrollment is a passive event, which means if a team member does not enter benefit elections during Open Enrollment, their current benefit elections (except for FSA elections) will rollover to next year. FSA elections will not rollover. HSA election will also not rollover but may be updated at any time throughout the year.
- As with the previous Open Enrollment, digital benefit booklets and enrollment worksheets will be available online and via QR code but will not be mailed to team members. A limited number of printed benefit booklets and enrollment worksheets will be distributed to plant site.

Benefits Team Contact Information

- Benefits and Wellness Department
 - benefits@bdgrowers.com
- Suzette Martin – Benefits Specialist
 - smartin@bdgrowers.com
- Tina Machado – Sr. Benefits Analyst
 - tmachado@bdgrowers.com
- Wendy Alvares – Sr. Manager of Total Rewards
 - walvares@bdgrowers.com

THE EASY WAY TO GET BENEFITS INFO

GET MYBENEFITS.LIFE®

On the web:

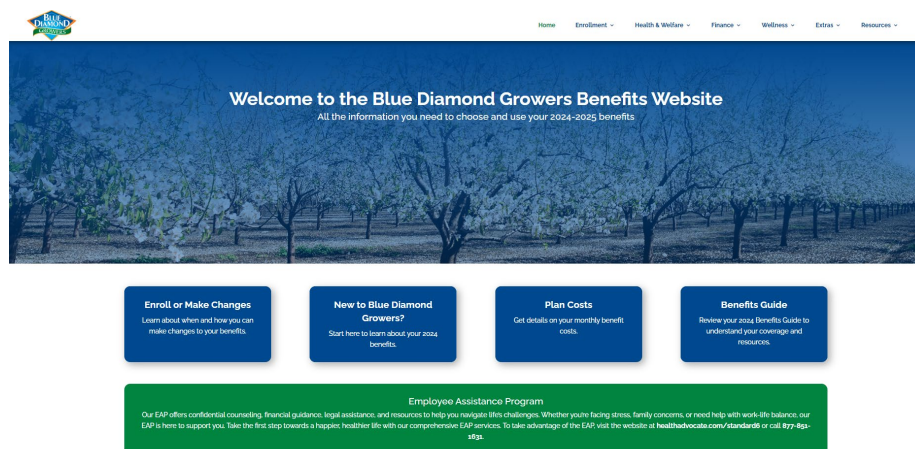
<https://bluediamond.mybenefits.life>

MyBenefits.Life® gives you all your benefits information in one place

You can bank online, book a vacation online, and read the news online. Why should your benefits information be any different? MyBenefits.Life® is a mobile-friendly website that gives you access to the benefits information you need, when you need it.

Here's what you'll find on MyBenefits.Life®

Benefits	See benefit details and costs—for all plans you're eligible for, such as healthcare, disability, life insurance, and more
Search	Can't find it? Just search the site
Articles & Video Library	Have 2 minutes? Increase your benefits IQ with short explainer articles and videos
Financial Wellness	Find information on your retirement, HSA, HRA, and FSA policies.
Glossary	HDHP? EOB? Coinsurance? Get the definitions in plain English
Documents	Important benefit plan notices ("the fine print")
Contacts	Find HR, benefits, and carrier contacts
Get Help	Need help? Reach helpful resources



HAVE QUESTIONS ABOUT YOUR BENEFITS?



CONTACT YOUR ALLIANT BENEFIT ADVOCATE

Email

benefitsupport@alliant.com

Phone

(800) 489-1390

Hours

**8AM – 8PM EST Monday
through Friday**

Get help from a Benefit Advocate

Are you getting married and not sure how and when to add your new spouse to your plan? Is your stepchild eligible for your healthcare plan? Do you need help understanding the difference between an HSA and an FSA? A Benefit Advocate can help answer these questions and more.

Benefit Advocates are trained benefits expert who can help you understand and use your healthcare and other coverage. Contact your Benefit Advocate for issues such as:

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Health care claim or billing issues, when warranted
- Coverage changes due to life events (marriage, new child, divorce, etc.).

Claims assistance

If you need claims assistance, you'll need to complete a HIPAA Authorization Form to grant your Benefit Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited time basis to only the individuals listed on the form. The form is revocable at any time. Your Benefit Advocate will provide the form to you when needed.



MEDICAL

OUR PLANS

NEW! Kaiser HMO Premium

Kaiser HMO w/ HRA

Sutter Health Plan HMO w/ HRA

Blue Diamond Anthem PPO w/HRA

Blue Diamond Anthem PPO HDHP w/HSA

IMPORTANT!

Enrollment in the Sutter HMO plan was frozen as of 1/1/2026. If you are currently enrolled on the [Sutter Health Plan](#), you are able to stay enrolled and add/delete dependents. Members not currently enrolled will **NOT** be able to elect to enroll on the Sutter Health Plan.

We offer 5 medical plans through Kaiser Permanente, Sutter Health Plan and Blue Diamond Anthem PPO. You'll be eligible for an HRA or HSA depending on the plan you enroll.

Which Plan Is Right For You?

That depends on your healthcare needs, favorite doctors, and budget. Here are some considerations.

Do you prefer specific doctors or hospitals?

If you want to stay with your favorite doctors and facilities, check whether they are in the plan's network. If they are not, but you are comfortable paying a bit more to see them, consider a plan with both in-network and out-of-network benefits.

What are your usual healthcare needs?

Do you have frequent doctor or urgent care visits? Do you have a condition that requires a specialist? Do you take prescription medications? Compare how each plan covers the services you need most often.

Consider the bottom line

How much is the monthly payroll deduction? Do you have to meet a deductible? What is the out-of-pocket maximum? How much of the cost is covered by the plan? How much are any copayments for office visits, prescriptions, etc. All of these factors together affect your total cost for healthcare.

WHICH PLAN IS RIGHT FOR YOU?



Consider an HMO (Health Maintenance Organization) if:

- You want lower, predictable out-of-pocket costs
- You like having one doctor to manage your care
- You are happy with the selection of network providers
- You don't see any doctors that are out-of-network

Plans To Consider

- Kaiser HMO with HRA
- **NEW!** Kaiser HMO Premium Plan (**no HRA**)
- Sutter Health Plan HMO with HRA (**no new members!**)

Consider a PPO (Preferred Provider Organization) if:

- You want to be able to see any provider, even a specialist, without a referral
- You are willing to pay more to see out-of-network providers

Plans To Consider

- Blue Diamond Anthem PPO with HRA
- Blue Diamond Anthem PPO HDHP with HSA

UNDERSTANDING PLAN TYPES

Blue Diamond Growers offers 2 medical plan types so that you can pick the plan that best fits your budget and healthcare needs.

Some plans (like HMOs) restrict you to in-network doctors. Other plans (like PPOs) allow you to see any doctor, but you will pay a higher coinsurance percentage if the doctor is out-of-network.

	HMO Health Maintenance Organization Kaiser and Sutter Health Plans	PPO Preferred Provider Organization Blue Diamond Anthem
Deductible	✓	✓
Out-of-Network Care Covered		✓
Referral Needed to see Specialist	✓	
Must select Primary Care Physician	✓	
Pros	<ul style="list-style-type: none">• More predictable costs	<ul style="list-style-type: none">• You can go anywhere, whether in-network or out-of-network
Cons	<ul style="list-style-type: none">• Less flexibility• No out-of-network coverage• May have to select Primary Care Physician	<ul style="list-style-type: none">• You pay more for out-of-network providers

All About Medical Plans

Medical plans can seem hard to understand, but once you understand the building blocks you will be able to choose the best plan for you and your dependents.

Kaiser Permanente HMO w/ HRA

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after deductible.

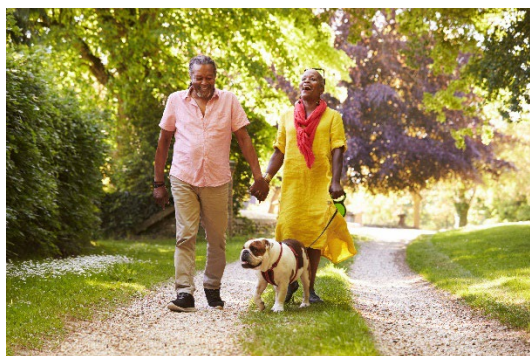
	Kaiser Permanente HMO w/HRA
	In-Network
Employer HRA Funding Individual Family <i>*Only Hospital Services are Funded by Blue Diamond HRA</i>	\$500 \$1,000
Plan Year Deductible (Embedded) Individual Individual within Family Family	\$4,000 \$4,000 \$8,000
Plan Year Out-of-Pocket Maximum (Embedded) Individual Individual within Family Family	\$7,000 \$7,000 \$14,000
Coinsurance (You pay after Deductible)	30%
Office Visit Primary Care Specialist	\$40 (deductible does not apply) \$50 (deductible does not apply)
Well Baby Visit	No Charge
Preventive Services	No Charge
Preventive Lab and X-ray	No Charge (please see EOC for details)
Lab and X-ray	\$15 after deductible
MRI, PET, and CT Scans	30% up to a maximum of \$150 (after deductible)
Urgent Care	\$40 (deductible does not apply)
Emergency Room	30% after deductible
Inpatient Hospitalization	30% after deductible
Outpatient Surgery	30% after deductible
PRESCRIPTION DRUGS	
Plan Year Deductible	Does NOT apply
Retail- 30 Day Supply Tier 1 Tier 2 Tier 3/Specialty	\$15 \$40 30% to \$250
Mail Order - 100 Day Supply Tier 1 Tier 2 Tier 3/Specialty (Only 30 day available)	\$30 \$80 30% to \$250

NEW! Kaiser Permanente HMO Premium Plan

You always pay the copayment (\$). The coinsurance (%) shows what the you pay after the deductible.

	Kaiser Permanente HMO Premium
	In-Network
Plan Year Deductible (Embedded) Individual Individual within Family Family	None
Plan Year Out-of-Pocket Maximum (Embedded) Individual Individual within Family Family	\$2,000 \$2,000 \$4,000
Office Visit Primary Care Specialist	\$30 copay \$40 copay
Well Baby Visit	No Charge
Preventive Services	No Charge
Preventive Lab and X-ray	No Charge (please see EOC for details)
Lab and X-ray	\$10 copay
MRI, PET, and CT Scans	\$100 copay
Urgent Care	\$30 copay
Emergency Room	\$200 copay
Inpatient Hospitalization	\$500 copay per admission
Outpatient Surgery	\$150 copay
PRESCRIPTION DRUGS	
Plan Year Deductible	None
Retail- 30 Day Supply Tier 1 Tier 2 Tier 3/Specialty	\$15 \$35 30% to \$250
Mail Order - 100 Day Supply Tier 1 Tier 2 Tier 3/Specialty (Only 30 day available)	\$30 \$70 30% to \$250

KAISER RESOURCES



FINDING A KAISER PROVIDER

To find a Kaiser Permanente provider near you, please visit www.kp.org or call (800) 464-4000.

MY HEALTH MANAGER

Stay engaged with your health and simplify your busy life by using the [Kaiser Website](http://www.kp.org) or download the Kaiser Permanente app from the App StoreSM or Google Play[®].

24/7 care advice

Get medical advice and care guidance in the moment from a Kaiser Permanente provider at (833) 574-2273.

Kaiser Away From Home

Kaiser Members are covered for emergency and urgent care anywhere in the world. Kaiser's travel [website](#) will explain what to do if you need emergency or urgent care during your trip.

Headspace Care App

The Headspace Care app offers immediate 1-on-1 support for coping with many common challenges — from stress and low mood to issues with work and relationships, and more. Headspace Care's highly trained emotional support coaches are ready to help 24/7, and adult Kaiser Permanente members can use Headspace Care for 90 consecutive days at no cost. Download the app from the App StoreSM or Google Play[®].

Calm App

The Calm app uses meditation and mindfulness to help lower stress, reduce, anxiety, and improve sleep quality. Adult members can get Calm at kp.org/selfcareapps.

Online wellness tools

Visit kp.org/healthyliving for wellness information, health calculators, fitness videos, podcasts, and recipes from world class chefs. Connect to better health with programs to help you lose weight, quit smoking, and more — all at no cost.

ClassPass

Kaiser members can get access to free on demand video workouts at no cost and reduced rates for in-person fitness classes. To get started, visit kp.org/exercise/

Health classes

Sign up for health classes and support groups at many of our facilities. See what's available near you at kp.org/classes — some may require a fee.

ChooseHealthy member discounts

Members get reduced rates on a variety of health-related products including Acupuncture, Massage Therapy, Chiropractic Care, and Gym Memberships. Visit kp.org/choosehealthy to learn more.

Sutter Health Plan HMO w/ HRA

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

IMPORTANT!

If you are currently enrolled on the [Sutter Health Plan](#), you are able to stay enrolled and add/delete dependents. However, members who are not currently on this plan, will **NOT** be able to enroll on the Sutter Health Plan. Effective 1/1/2026.

	Sutter Health Plan HMO w/HRA
	In-Network
Employer Hospital Services Deductible HRA Funding Individual Family <i>*Only Hospital Services are Funded by Blue Diamond HRA</i>	\$500 \$1,000
Plan Year Hospital Services Deductible (Embedded) Individual Individual within Family Family	\$3,000 \$3,000 \$6,000
Plan Year Out-of-Pocket Maximum (Embedded) Individual Individual within Family Family	\$6,000 \$6,000 \$12,000
Coinsurance (You pay after Deductible)	30%
Office Visit Primary Care Specialist	\$20 \$40
Well Baby Visit	No Charge
Preventive Services	No Charge
Lab and X-ray	Lab: \$20 deductible does not apply X-Ray: \$10 deductible does not apply
Urgent Care	\$40 deductible does not apply
Emergency Room	30% coinsurance after deductible
Inpatient Hospitalization	30% coinsurance after deductible
Outpatient Surgery	30% coinsurance after deductible
PRESCRIPTION DRUGS	
Plan Year Deductible	Does NOT apply
Retail- 30 Day Supply Tier 1 Tier 2 Tier 3 Tier 3/Specialty	\$10 \$30 \$75 30% to \$250
Mail Order – 100 Day Supply Tier 1 Tier 2 Tier 3 Tier 3/Specialty (Only 30 day available)	\$20 \$60 \$150 30% to \$250

SUTTER HEALTH PLAN RESOURCES



NEED HELP FINDING A DOCTOR?

Please visit sutterhealthplus.org to find doctors, specialists, hospitals, Sutter Walk-In Care, urgent care centers, and more.

DID YOU KNOW?

Sutter Health Plan Member Services is available to help you find a provider, answer questions about benefits, or assist in scheduling appointments with many Sutter doctors and clinicians.

Call: (855) 315-5800

Monday through Friday, 8am – 7pm PST

Member Portal

Sutter Health Plan offers a member portal for your convenience. Register at shplus.org/memberportal to get convenient 24/7 access from your smartphone, tablet, or computer. Use your member portal to change your PCP, request or print ID cards, check eligibility, benefits, and claims information, etc.

Pharmacy Benefits

Sutter Health Plan partners with CVS Caremark® for pharmacy benefits, including retail, mail order and specialty prescription drugs. Use the CVS Caremark Guest Website to find a pharmacy, check drug costs, view sample plan options, or find the Sutter Health Plan Formulary. Visit sutterhealthplus.org/pharmacy.

My Health Online (MHO)

As a Sutter Health Plan member, you can enroll in My Health Online (MHO), a convenient way to manage your health when and where you want. With MHO, it's easy to stay connected with your care team and have 24/7 access to your health information. You can book a video visit, view test results, pay bills and copays online, etc. For more information, visit sutterhealth.org/myhealthonline.

Blue Diamond Anthem PPO | HRA and HSA

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pays after the deductible.

	Blue Diamond Anthem PPO	
	PPO In-Network	PPO HDHP In-Network
HRA/HSA Employer Contribution Individual Family	HRA Only \$1,000 \$2,000	HSA Only \$1,000 \$2,000
Plan Year Deductible (Embedded) Individual Individual within Family Family	\$2,000 \$2,000 \$4,000	\$2,000 \$3,500 \$4,000
Plan Year Out-of-Pocket Maximum (Embedded) Individual Individual within Family Family	\$3,000 \$3,000 \$6,000	\$3,500 \$3,500 \$6,000
Office Visit Primary Care Specialist	10% after deductible 10% after deductible	10% after deductible 10% after deductible
Preventive Services	No Charge	No Charge
Lab and X-ray	10% after deductible	10% after deductible
Urgent Care	10% after deductible	10% after deductible
Emergency Room	10% after deductible	10% after deductible
Inpatient Hospitalization	10% after deductible	10% after deductible
Outpatient Surgery	10% after deductible	10% after deductible
PRESCRIPTION DRUGS		
Plan Year Deductible	N/A	Included with Medical Deductible
Retail- 30 Day Supply Tier 1 Tier 2 Tier 3 Specialty	\$10 deductible waived \$25 deductible waived \$40 deductible waived 30% up to \$100 deductible waived	\$10 after deductible \$25 after deductible \$40 after deductible 30% up to \$100 after deductible
Mail Order- 90 Day Supply Tier 1 Tier 2 Tier 3 Specialty	\$20 deductible waived \$50 deductible waived \$80 deductible waived 30% up to \$200 deductible waived	\$20 after deductible \$50 after deductible \$80 after deductible 30% up to \$200 after deductible

RESOURCES FOR ANTHEM MEMBERS



FINDING AN ANTHEM PROVIDER

To find a provider in the Anthem PPO network, please visit <https://www.anthem.com/find-care/>

ANTHEM ID CARDS

For PPO plans, one ID card will be issued to subscriber and one to spouse/domestic partner. Two cards will be issued in the subscriber's name for subscriber plus child(ren) contracts. ID cards with child dependent names can be requested by calling the member service number on the ID card.

Sydney Mobile App

Use Sydney™ Health to keep track of your health and benefits—all in one place. Access your plan details, Member Services, virtual care, and wellness resources. You can also set up an account at [anthem.com/ca/register](https://www.anthem.com/ca/register) to access most of the same features from your computer.

Building Healthy Families

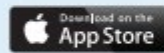
Building Healthy Families offers personalized, digital support through the SydneySM Health mobile app or on [anthem.com/ca](https://www.anthem.com/ca). This all-in-one program, at no extra cost to you, can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

LiveHealth Online

Visit with a board-certified doctor using your smartphone, tablet or computer with a webcam. Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy. Psychiatry and Psychology services are also available. Register online and download the mobile Sydney app or call 1 (888) 548-3432.

**Sign up for LiveHealth Online
today – it's quick and easy**

Go to livehealthonline.com or download the app
and register on your phone or tablet.



HEALTH REIMBURSEMENT ARRANGEMENT (HRA)



CAN I HAVE BOTH AN HRA AND AN FSA?

Yes! You can have both an HRA and a healthcare Flexible Spending Account (FSA) at the same time, but you can't be reimbursed from both accounts for the same expense. Generally, the HRA is used first until the account is depleted.

CAN I HAVE BOTH AN HRA AND AN HSA?

Per IRS regulation, you cannot have both an HRA and HSA plan.

Your "allowance" for healthcare expenses

Healthcare can be expensive. That's why Blue Diamond Growers provides eligible participants with an HRA to help pay your medical expenses. The HRA is administered by Marin Benefits Administrators.

Here's how it works

- Blue Diamond Growers sets aside a fixed amount of money into your HRA. These HRA cards will **NOT** be issued to Kaiser HMO or Sutter Health HMO members in 2027:

Kaiser HMO (Hospital Services Deductible)

- Employee Only - \$500
- Family - \$1,000

Sutter Health Plan HMO (Hospital Services Deductible)

- Employee Only - \$500
- Family - \$1,000

Blue Diamond Anthem PPO

- Employee Only - \$1,000
- Family - \$2,000

If you are enrolled on the Blue Diamond Anthem PPO plan, you will be receiving a MasterCard with your funds preloaded. You can use this money for yourself and your covered dependents.

If you are enrolled on the Sutter Health Plan HMO plan or the Kaiser HMO plan, you will **not** receive a MasterCard and must submit reimbursement by filing an HRA claim.

Eligible expenses include:

- Anthem PPO
 - Any eligible expenses including office visits, surgeries, hospital services, and prescription drugs through a pharmacy
- Sutter Health Plan HMO and Kaiser HMO
 - Hospital Services only such as Inpatient Hospitalization, Outpatient Surgery, Emergency Room, Skilled Nursing Care, and Durable Medical Equipment.

Two reasons to love an HRA

- It's 100% employer-funded.** All contributions are made by Blue Diamond Growers. In fact, the rules prohibit employee contributions.
- It's tax-free.** HRA reimbursements are excluded from your gross income, so they are 100% tax-free.

HEALTH SAVINGS ACCOUNT (HSA)



ARE YOU ELIGIBLE?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the Fidelity HSA plan.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA).

A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future.

How the Fidelity HSA works

- You must reach out to Fidelity once you enroll on the Blue Diamond Anthem PPO plan.
- You can contribute up to the 2027 annual limit set by the IRS:
Individual: \$4,500
Family: \$9,000
Are you age 55 or over? You can contribute an additional **\$1,000** per year
- To help you get started, Blue Diamond Growers makes a contribution to your HSA (this is included in the IRS maximums noted above):
Individual: \$1,000
Family: \$2,000
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable but no penalties.

Find out more

- [Eligible Expenses](#)
- [Ineligible Expenses](#)

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)



ARE YOU ELIGIBLE?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA.

Find out more

- www.wexinc.com
- [Eligible Expenses](#) – now include more over-the-counter items!
- [Ineligible Expenses](#)

Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year. This program is administered through WEX.

How the WEX FSA plan works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.
- You can contribute up to \$3,400, the 2026 annual limit set by the IRS. The 2027 limit will be set before 1/1/2027. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- Expenses must be incurred between 1/1/2027 and 12/31/2027 and claims must be submitted for reimbursement no later than 3/31/2028. If you don't spend all the money in your account.
- Elections cannot be changed during the plan year, unless you experience a qualifying event.
- You must re-enroll in this program each year.

FSA TAX SAVINGS EXAMPLE (SINGLE FILERS)

\$60,000 Annual Pay, with \$1,500 FSA Contribution

\$330	\$115	\$445
22% Federal income tax	7.65% FICA tax	Annual FSA tax savings

\$120,000 Annual Pay, with \$2,850 FSA Contribution

\$684	\$219	\$903
24% Federal income tax	7.65% FICA tax	Annual FSA tax savings

Your tax savings may vary depending on tax filing status and other variables

PAYING FOR DAYCARE? MAKE IT TAX-FREE!



EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

Dependent Care FSA—up to \$7,500 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by WEX.

Here's how the Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$7,500 per household per year. If you are married but filing separately, federal regulations limit the use of Dependent Care FSA to \$3,750 each year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.



Estimate carefully! You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.



DENTAL

OUR PLANS

Delta Dental DeltaCare USA HMO

Delta Dental PPO



We offer 2 dental plans through Delta Dental.

Why Sign Up For Dental Coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers four types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Orthodontia** treatment to properly align teeth within the mouth.

Delta Dental: HMO & PPO Plan Options

	DeltaCare USA HMO Plan	PPO Plan
Coinsurance/Copayments	Covered procedures have predetermined dollar copayments for service provided by a network provider	Covered services paid at applicable percentage
Dentist Network	You select a dentist from a list of network dental facilities and you must visit this dentist to receive benefits	Freedom to choose any licensed dentist; selecting a PPO dentist will usually result in the lowest out-of-pocket costs
Changing Your Dentist	You must contact DeltaCare to change your selected dentist, and can do so via telephone or internet	Change dentists any time without contacting Delta Dental
Authorization for Specialty Care Treatment	Written or verbal preauthorization may be required for treatment from a specialist; your DeltaCare dentist will coordinate your specialty care treatment authorization for you	Preauthorization for treatment may be required
Out-of-Area Coverage	Limited to emergency care allowance	Visit any licensed dentist
Claims	You only need to pay the specified copayment for covered services at the time of your visit	No claim forms required when treatment is received from a Delta Dental dentist unless visiting a dentist out of network.

Delta Dental

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

	HMO Plan	PPO Plan	
	In-Network	In-Network	Out-of-Network
Annual Deductible	None	\$40 per person \$120 per family	\$50 per person \$150 per family
Annual Plan Maximum	Unlimited	\$2,000	\$1,800
Diagnostic & Preventive	See Copayment Fee Schedule	100%	100%
Basic Services Fillings Root Canals Periodontics	See Copayment Fee Schedule	80% after deductible	80% after deductible
Major Services	See Copayment Fee Schedule	50% after deductible	50% after deductible
Orthodontia Adults Children (up to age 26)	\$1,700 Child / \$1,900 Adult	50%	50%
Ortho Lifetime Max	NA	\$2,000 per person	\$2,000 per person

DELTA DENTAL RESOURCES



FINDING A DELTA PROVIDER

To find a Delta Dental provider near you, please visit [deltadentalins.com](https://www.deltadentalins.com) and click "Find a Dentist". For PPO plans choose "Delta Dental PPO" and for HMO plans choose "DeltaCare USA".

SmileWay® Wellness Benefits

If you or a covered family member has been diagnosed with a chronic medical condition like diabetes, cancer or rheumatoid arthritis, you may benefit from additional teeth and gum cleanings. Opt in by visiting www.deltadentalins.com/smileway or by calling Customer Service Monday through Friday.

Delta Dental Mobile App

Anyone can use Delta Dental Mobile without logging in to access our Find a Dentist and Toothbrush Timer tools, conveniently located on the home screen. You also have the option to save your ID card to the home screen for easy access without logging in. Log into the app to view your personal benefits.

Toothpic

Toothpic is a photo-based tele-dentistry app for PPO members. Although Toothpic is not available for dental emergencies, members can set up a virtual dental screening or even send in photos for dental issues. A Delta Dental dentist that is part of the PPO, can highlight issues from the photos, such as cavities, gum disease, oral hygiene, or other dental concerns. The dentist can then assist with next steps or possible treatments or a home care regimen.

Cost Estimator

Members can plan visits and compare costs before they receive their treatments. Estimates for each member are personalized based on benefits. Members can compare procedure costs at nearby dentists should members need to plan in terms of costs. Members can also receive a detailed explanation of their costs based on upcoming treatment.



VISION

OUR PLANS

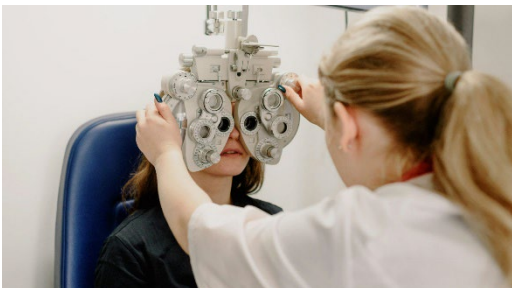
VSP Select

VSP Premium

We offer 2 vision plans through VSP.

Why Sign Up For Vision Coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.



VSP Plans

Your vision checkup is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

	VSP Vision	
	VSP Select	VSP Premium
Exams Benefit Frequency	\$10 copay Once every 12 months	\$25 copay Once every 12 months
Eyeglass Lenses Single Vision Lens Bifocal Lens Trifocal Lens Frequency	Included in Copay Included in Copay Included in Copay Once every 24 months	Included in Copay Included in Copay Included in Copay Once every 12 months
Frames Benefit Frequency	\$120 Maximum Allowance Once every 24 months	\$200 Maximum Allowance Once every 12 months
Contacts (Elective) Conventional Frequency	\$120 Maximum Allowance Once every 24 months	\$200 Maximum Allowance Once every 12 months

What you need to know about this plan



Features:

What other services are covered?

Eyeglasses are expensive. Will I still be able to afford them, even with insurance?

See any provider, but you'll pay more out of network

The plan can also help you save money on LASIK procedures, sunglasses, computer glasses, and even hearing aids.

Look for moderately priced frames and remember that your benefit is higher in-network. If you participate in a healthcare FSA or HSA, you can use your account to pay for vision care and eyewear with tax-free dollars.

VSP SAVINGS AND RESOURCES



ACCESS TO OVER \$3,000 IN EXCLUSIVE MEMBER SAVINGS

Visit vsp.com/offers to learn more about these resources and other VSP exclusive member extras.

Extra Savings on Glasses and Sunglasses

Get an extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. You can also save 30% on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.

Retinal Screening

You won't pay more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.

LASIK - Laser Vision Correction

Save up to an average of 15% off the regular price of LASIK or 5% off the promotional price. Discounts are only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

TruHearing® Hearing Aid Discount

VSP® Vision Care members can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too.

TruHearing also provides members with:

- 3 provider visits for fitting, adjustments, and cleanings
- A 45-day trial
- 3-year manufacturer's warranty for repairs and one-time loss and damage
- 48 free batteries per hearing aid

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call (877)396-7194.

VSP Diabetic Eyecare Plus Program

This program provides coverage of additional eyecare services specifically for members with diabetic eye disease, glaucoma or age-related macular degeneration (AMD). Eligible members can receive both routine and follow-up medical eyecare from their VSP doctor—the doctor who already knows their eyes best.

The program also provides supplemental coverage for non-surgical medical eye conditions such as diabetic retinopathy, abnormal blood vessel growth on the eye (rubeosis), and diabetic macular edema. Members can self-refer, visit their VSP Provider as often as needed, and pay only a copay for services.



LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D and disability insurance can fill a number of financial gaps due to a temporary or permanent reduction of income. Consider what your family would need to cover day-to-day living expenses and medical bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children's education, student loans, consumer debt, etc.) after the death of a spouse or partner.

We provide long-term disability benefits and a base amount of life and AD&D insurance to help you recover from financial loss.

If you need additional coverage

We offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the Voluntary Benefits section for details.

COMPANY- PROVIDED LIFE AND AD&D INSURANCE



A NOTE ABOUT TAXES

Company-provided life insurance coverage over \$50,000 is considered a taxable benefit. The value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form.

Basic Life and AD&D

Life Insurance

Few people like to consider what life would be like for their families if they were to die; fewer yet plan accordingly. For most people, the family that they support would be financially devastated if that person's income stopped. Life insurance provides a solution to this problem. Blue Diamond Growers feels strongly about protecting their staff and provide life insurance through The Standard at no cost to all eligible employees.

Accidental Death & Dismemberment

Should your death be ruled an accident an additional amount equal to your basic life will be provided to your beneficiary. If you suffer a covered loss due to an accident you are compensated based on the insurance carrier's fee schedule.

The Standard

Basic Life and AD&D: Class 1 Salaried and Hourly

1.5x base annual earnings up to a maximum of \$350,000, with a minimum coverage amount of \$20,000.

Basic Life and AD&D: Class 2 Executives

2.5x base annual earnings up to a maximum of \$1,500,000, with a minimum coverage amount of \$20,000.

Basic Life and AD&D: Class 3 Senior Management

1.5x base annual earnings up to a maximum of \$750,000, with a minimum coverage amount of \$20,000.

The benefit amounts above will be reduced if you are age 65 or older. Coverage amount reduces to 65 percent at age 65 and to 45 percent at age 70.

VOLUNTARY LIFE AND AD&D



EVIDENCE OF INSURABILITY (EOI)

If you elect Voluntary Life coverage above guaranteed issue (noted on this page), or if you are a late entrant (enrolling more than 31 days after the date you become eligible), you must complete and submit EOI. This can be completed online through The Standard. You can find the form at www.standard.com.

Protecting those you leave behind

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by The Standard and available for your spouse and/or child(ren).

The Standard Voluntary Life

Employee	Increments of \$10,000 up to \$500,000 Guaranteed Issue: \$200,000
Spouse	Increments of \$5,000 up to \$250,000 Guaranteed Issue: \$50,000
Child(ren)	Increments of \$1,000 up to \$10,000

Note: Benefit amount reduces to 65% at age 65 and to 50% at age 70.

In the event of a serious or fatal accident

Voluntary AD&D Insurance allows you to purchase accidental death and dismemberment coverage that pays your beneficiary if you have a fatal accident. If you experience a serious injury such as a loss of a limb, speech, sight or hearing, the plan pays a benefit to you.

Coverage is provided by The Standard and is available for your spouse and/or child(ren).

GROUP LONG-TERM DISABILITY INSURANCE (LTD)



LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after 180 days of being disabled. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. Blue Diamond Growers pays the cost of this coverage. Coverage is provided by The Standard.

Class 1 Salaried LTD Plan

Monthly benefit amount	60% up to a maximum of \$10,000
Benefits begin	After 180 days of disability
Maximum payment period	To Age 65 or SSNRA

Class 2 Hourly LTD Plan

Monthly benefit amount	60% up to a maximum of \$6,000
Benefits begin	After 180 days of disability
Maximum payment period	To Age 65 or SNNRA

Class 3 Executive LTD Plan

Monthly benefit amount	60% up to a maximum of \$20,000
Benefits begin	After 180 days of disability
Maximum payment period	To Age 65 or SSNRA

Class 4 Senior Management LTD Plan

Monthly benefit amount	60% up to a maximum of \$17,500
Benefits begin	After 180 days of disability
Maximum payment period	To Age 65 or SSNRA



VOLUNTARY PLANS

OUR VOLUNTARY PLANS

The Standard - Critical Illness Coverage

The Standard - Accident Coverage

The Standard - Hospital Indemnity Coverage

Legal Shield - Identity Theft Program and Legal Assistance Program

Pet Insurance

You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

Blue Diamond Growers offers plans to help:

- replace income if you're injured or ill
- bridge the gap for special healthcare needs
- secure your identity, and help you manage legal issues

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you don't have to sign up for voluntary benefits at all. The choice is yours.

VOLUNTARY HEALTH-RELATED PLANS



THINGS TO CONSIDER

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

Accident Insurance

Accident Insurance from The Standard helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose.

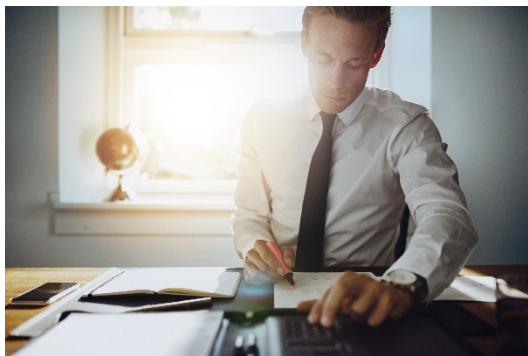
Critical Illness Insurance

Critical illness insurance from The Standard can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed.

Hospital Indemnity Insurance

Hospital indemnity insurance from The Standard can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

PLANS TO KEEP YOU AND YOUR FAMILY SECURE



CONTACT INFORMATION

See the Plan Contacts section of this guide.

Identity Theft Protection

Identity theft is serious. Victims can spend hundreds, even thousands of dollars, and weeks of their own time to repair the damage done to their good names and credit records. The longer identity fraud goes undetected, the more expensive and difficult it becomes to resolve. For an affordable monthly premium, identity theft protection from LegalShield helps protect your personal information through proactive monitoring, identity restoration, and resolution.

Individual - \$8.45 per month

Family \$15.96 per month

Legal Program

Do you have an attorney on retainer? Most people don't, so our legal program offers you access to legal advice and even representation for an affordable monthly premium. Whether you need assistance reviewing a rental agreement, fighting a traffic ticket, creating a will, buying a house or navigating an IRS audit, legal coverage from LegalShield offers reputable attorney assistance for you and your family.

Individual - \$14.96 per month

Family \$15.96 per month

Learn more at www.legalshield.com/info/legalplan

Travel Aid

When an employee or a family member is traveling, unexpected emergencies can occur. The Travel Assistance Program gives you 24-hour, toll-free access to emergency travel arrangements, emergency travel funds assistance, emergency translation services, embassy and consular assistance, lost document assistance as well as credit card replacement when you or your dependents travel 100 miles or more from home and less than 180 days.

Benefits are available to all employee.

Within US: 800-872-1414

Outside US: 60—986-1234

www.medservices@assistamerica.com

Pet Insurance

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. Metlife provides coverage for this program. You can enroll in this program anytime/during open enrollment.



FINANCIAL WELLNESS

PLANS TO HELP YOU SAVE

401(k) Retirement Savings Plan

VISIT THE FINANCIAL WELLNESS CENTER ON MYBENEFITS.LIFE®

Log on to <https://bluediamond.mybenefits.life/> to visit the Financial Wellness Center, powered by Fidelity. You'll find tools to help you spend smart and save. Check out the articles, videos, and interactive tools like budgeting and life insurance calculators.

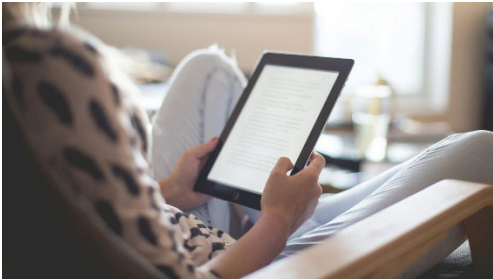
Is it time for a “financial wellness” checkup?

Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? And can you even think about preparing for retirement?

Ignoring your financial health can take a toll on your quality of life today and block opportunities for the future. And worrying about money matters can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money now and in the future. You can increase your take-home pay by saving on taxes and work toward your retirement goals.

SAVE NOW, ENJOY LATER



WHAT ARE YOUR PLANS?

Many of us can't plan past the weekend, never mind thinking about a retirement nest egg. Our 401(k) retirement plan will help you set a retirement savings goal and stick to it.

The important thing is to start now and set aside what you can, even if you think it's too small an amount.

401(k) Retirement Savings Plan

Our 401(k) Retirement Savings Plan helps you save for retirement. The plan offers tax savings NOW through pre-tax contributions. All regular employees age 18 and over are eligible to join the plan the first of the month following date of hire.

To Enroll on the plan, go to Fidelity NetBenefits at www.netbenefits.com, click Enroll and follow the prompts. Or call Fidelity Investments at 800-835-5097.

Maximum annual contribution limit

Up to \$24,500 per year. IRS limits are evaluated annually and may change.

Blue Diamond Growers matching contributions

100% of the first **3%** that you set aside. **50%** on the next **3%** for a total employer match of **4.5%** on the first **6%** of eligible pay.

If you do not make an election within the first 30 days, an Auto Enrollment Kit will be mailed to you, and you will be enrolled in the 401(k) Plan at 3% of your eligible pay. This means that you will be contributing 3% of your eligible pay to your 401(k) Plan account – and that you will receive the employer matching contribution!

Accessing your Account

Call Fidelity at 800-835-5097, weekdays 8:30AM to 8:30PM Eastern time, excluding most holidays. Or you can access your account online at Fidelity NetBenefits anytime:

- If you have an existing Fidelity account, use your same login to access your Blue Diamond Growers Retirement Savings Plan account at Fidelity
- If you do not have an existing Fidelity Account
 - Got to www.netbenefits.com
 - Select "Register as new user"
 - Follow the instructions to establish and access to your account.
 - For quick account access when you're on the go, download the NetBenefits mobile app.

EDUCATIONAL ASSISTANCE PROGRAM



Blue Diamond Growers encourages employees to continue their education in subjects that are directly related to an employee's present position or in preparation for advancement in the employee's normal career progression path with the Company.

Participants must be an active, full-time employee whose employment with Blue Diamond began prior to the starting date of the course(s). Employees who are eligible for Veteran's educational benefits or other government plans are not eligible for benefits under this policy until benefits from such other plans are exhausted.

If a qualified employee is laid off while taking courses previously approved under this plan, he/she will still be eligible for financial assistance under the provisions of this plan upon successful completion of the course(s).

Courses selected must enhance the employee's skills in his/her present position, prepare the employee to move up with the internal job posting system, or be required to attain an undergraduate or graduate degree which will further the employee's career growth potential with Blue Diamond Growers.

Courses must be taken at an accredited school, college, university, post high schools, business school, approved trade school, or sponsored by an approved professional organization. Courses must be successfully completed to qualify for reimbursement under this plan. "Successfully completed" shall be defined as a grade of C or better or "passing" under a pass/fail system.

Total education assistance to any employee shall not exceed **\$5,250** during a calendar year for degree programs and certifications taken at an accredited institution recognized by the council for Higher Education Accreditation (CHEA).

A Request for Education Assistance Form must be approved prior to enrollment to ensure reimbursement of a successfully completed course.

For more details, please contact the Human Resources Department.



WELLBEING & BALANCE

THE KEY TO KEEPING YOUR BALANCE IS KNOWING WHEN YOU'VE LOST IT

The challenges of daily life can be hard to balance. Whether it's work, school or family obligations, it's no wonder that many of us sometimes have trouble managing the ups and downs of our day-to-day lives.

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, chemical dependency, mental health and family issues
- Maximize your physical well-being
- Take time to spend with family and friends, take care of personal business, or just have a little extra "me time".

Taking care of yourself will help you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

Wellness Program by Vitality



Vitality Website

www.PowerOfVitality.com

Join today to reap the benefits. New hires are eligible to participate in the Vitality program the week following their hire date. Complete a Vitality Health Assessment online and be awarded Kick-Start Points to maintain or increase your 2027 Vitality Status.

The Blue Diamond Wellness program specializes in personalized programs that educate members on how to get and stay fit, prevent accidents and disease, and enjoy a healthy lifestyle at work, at home and at play.

You can earn Vitality Points, which will help you increase your Vitality Status.

Gym Rebate

Receive up to \$250 each program year towards fees for your gym membership. You must be a member of Vitality and a member of your gym for at least 4 months in order to be eligible for the rebate.

Receive a 10% Kick-Start Bonus! To help you start the new program year, Vitality will award you a bonus equal to 10% of your points earned in the last year. For example, if you earned 10,000 points last year, Vitality will reward you with 1,000 bonus points!

What happened to my Vitality Bucks from 2026? You do not lose the buck(s) you earned in 2026 unless you have spent them in the Vitality Mall. The Bucks you earned in 2026 will be banked for you to either spend or use in addition with Bucks earned in 2027.

Reward Status

Vitality Bonus Bucks

Vitality is offering Bonus Bucks each time you reach a new Vitality Status. Earn up to an additional 6,500 Vitality Bucks simply by changing status levels.

Vitality Rewards Status

How will this work going into 2027? Your Vitality membership will remain in active status, and you will retain the Vitality status you earned in the previous year by completing your Health Assessment by February 28 of the new year.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



CONTACT THE EAP

Phone

(877) 851-1631

Website

members.healthadvocate.com

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The Health Advocate EAP through The Standard can help you handle a wide variety of personal issues such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person counseling for short-term issues; up to **6 visits per issue, per year**
- Unlimited web access to helpful articles, resources, and self-assessment tools

COUNSELING BENEFITS

- Difficulty with relationships
- Emotional distress
- Job stress
- Communication/conflict issues
- Alcohol or drug problems
- Loss and death

PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics



IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Your benefit contributions
- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms.

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Blue Diamond Growers if your domestic partner is your tax dependent.

YOUR MONTHLY BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

MEDICAL

	Employee Only	Employee + 1	Employee + Family
Kaiser Permanente HMO w/HRA	\$65.00	\$277.78	\$438.34
Kaiser Permanente HMO Premium	\$304.30	\$784.50	\$1,175.48
Blue Diamond Anthem PPO w/HRA	\$65.00	\$282.58	\$434.92
Blue Diamond Anthem PPO w/HSA	\$65.00	\$270.14	\$412.16
Sutter Health Plan HMO w/HRA	\$65.00	\$288.42	\$439.62

DENTAL

	Employee Only	Employee + 1	Employee + Family
Delta Dental HMO w/Orthodontia	\$0	\$6	\$12
Delta Dental PPO w/Orthodontia	\$12	\$34	\$68

VISION

	Employee Only	Employee + 1	Employee + Family
VSP Select	\$0	\$3	\$7
VSP Premium	\$9	\$18	\$32

PLAN CONTACTS

If you need to reach our plan providers, here is their contact information:

Plan Type	Phone Number	Website	Policy No.
Blue Diamond Growers Employee Benefits Website	N/A	https://bluediamond.mybenefits.life/	
Kaiser Permanente HMO	(800) 464-400	www.kp.org	000603211
Sutter Health Plan HMO	(855) 315-5800	www.sutterhealthplus.org	224114
Blue Diamond Anthem PPO	(800) 331-1476	www.anthem.com	L12123
Delta Dental	HMO: (800) 422-4234 PPO: (800) 765-6003	www.deltadental.com	HMO: #76752 PPO: #4054
VSP	(800) 877-7195	www.vsp.com	00112854
Vitality Wellness	N/A	www.powerofvitality.com/vitalityportal/login	Blue Diamond Growers
WEX Health Inc Flex (FSA)	(866) 451-3399	www.wexinc.com	Blue Diamond Growers
Fidelity HSA	(800) 835-5097	www.netbenefits.com	N/A
Marin Benefits Administrators HRA	(415) 526-1401	CS email: support@marinbenefits.com www.marinbenefits.com	Blue Diamond Growers
The Standard Life & Disability (LTD)	(888) 937-4783	www.standard.com	170687
The Standard Supplemental Life	(888) 937-4783	www.standard.com	170687
The Standard Voluntary Plans	(866) 851-5505	www.standard.com	761910
The Standard EAP	(877) 851-1631	www.healthadvocate.com/standard6	Blue Diamond Growers
Legal Shield	(800) 654-7757	www.legalshield.com	Blue Diamond Growers
IDShield	(888) 494-8519	www.idshield.com	
Travel Aid – Assist America	(800) 872-1414 Outside US: +1 (609) 986-1234	www.medservices@assistamerica.com	Blue Diamond Growers 01-AA-STD-5201
Benefit Advocate	(800) 489-1390	benefitsupport@alliant.com	Blue Diamond Growers

GLOSSARY

-A-

AD&D Insurance

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount

The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

Beneficiary

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services

Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age

13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service

A service that your health plan doesn't pay for or cover.

-F-

Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug

A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA) An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

High Deductible Health Plan (HDHP) A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

GLOSSARY

-I-

In-Network

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

-L-

Life Insurance

An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

Out-of-Pocket Cost

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care

Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

IMPORTANT PLAN INFORMATION

WHAT YOU NEED TO KNOW ABOUT THE “NO SURPRISES” RULES

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form \(PDF\).](#)

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

IMPORTANT PLAN INFORMATION

HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located at the end of this guide.

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
- **Michelle's Law:** Describes right to extend dependent medical coverage during student leaves

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

DEADLINE FOR FILING LAWSUIT UNDER ERISA AFTER EXHAUSTION OF ALL CLAIMS PROCEDURES

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan specific statute of limitations.

PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

SUMMARY PLAN DESCRIPTIONS (SPD)

To access the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries please visit

- <https://bluediamond.mybenefits.life/>

SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available <https://bluediamond.mybenefits.life/>

- Kaiser HMO
- Sutter Health Plan HMO
- Anthem Blue Cross PPO

Medicare Part D Notice

Important Notice from Blue Diamond Growers 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 Blue Diamond Growers health plan 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. Blue Diamond Growers has determined that the prescription drug coverage offered by the Blue Diamond's Growers health plan 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 Blue Diamond Growers health plan coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Blue Diamond Growers health plan is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Blue Diamond Growers health plan prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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 Blue Diamond Growers 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 person listed below for further information [or call Tina Machado at (916) 849-6430 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 Blue Diamond Growers changes. You also may request a copy of this notice at any time.

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 [medicare.gov](https://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 800-MEDICARE (800-633-4227). TTY users should call 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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 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:	10/1/2026
Name of Entity/Sender:	Wendy Alvares
Contact-Position/Office:	Benefits & Wellness Manager
Address:	1802 C Street, Sacramento, CA 95811
Phone Number:	(279) 386-9466

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 279-386-9466.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Blue Diamond Growers' health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Blue Diamond Growers' health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Blue Diamond Growers' health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Blue Diamond Growers describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources.

Notice of Choice of Providers

The Kaiser HMO and Sutter Health Plan HMO generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the plan network and who is available to accept you or your family members. Until you make this designation, Kaiser and Sutter Health Plan designates one for you.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser, Sutter Health Plan, or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

Michelle's Law

The Blue Diamond Growers' plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, notify Human Resources as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 10.22% in 2027 of your modified adjusted household income.

Notice regarding Wellness Programs

The Vitality Program

The Vitality Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for Height; Weight; Blood Pressure; Cholesterol; Triglycerides; Glucose; and HbA1c.

You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$1 - \$500 for achieving certain levels of wellness status.

Additional incentives of up to \$1,700 may be available for employees who participate in certain health-related activities such as online interactive tools, preventive screenings, physical activity, online nutrition courses, etc. or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Tina Machado at tmachado@bdgrowers.com

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as weight loss, nutrition and exercise education. You also are encouraged to share your results or concerns with your own doctor.

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, 2026. Contact your State for more information on eligibility.

Alabama – Medicaid

Website: myalhipp.com

Phone: (855) 692-5447

Alaska – Medicaid

The AK Health Insurance Premium Payment Program

Website: myakhipp.com

Phone: (866) 251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid eligibility:

health.alaska.gov/dpa/Pages/default.aspx

Arkansas – Medicaid

Website: myarhipp.com

Phone: (855) MyARHIPP (692-7447)

California – Medicaid

Health Insurance Premium Payment (HIPP) Program

Website: dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance

Phone: (916) 445-8322 | Fax: (916) 440-5676

Email: hipp@dhcs.ca.gov

Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado website: healthfirstcolorado.com

Health First Colorado Member Contact Center: (800) 221-3943 (TTY: 711)

CHP+: hcpf.colorado.gov/child-health-plan-plus

CHP+ Customer Service: (800) 359-1991 (TTY: 711)

Health Insurance Buy-In Program (HIBI): mycohibi.com

HIBI Customer Service: (855) 692-6442

Florida – Medicaid

Website:

flmedicaidtprecovery.com/flmedicaidtprecovery.com/hip

Phone: (877) 357-3268

Georgia – Medicaid

GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp

Phone: (678) 564-1162, press 1

GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra

Phone: (678) 564-1162, press 2

Illinois – Medicaid

Illinois Medicaid Premium Assistance Information
Medicaid application website: abe.illinois.gov
HIPP Hotline Number: (217) 524-8268
HIPP Email: mhfs.boc.hipp@illinois.gov

Indiana – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: in.gov/medicaid
Website: in.gov/fssa/dfr
Family and Social Services Administration
Phone: (800) 403-0864
Member Services phone: (800) 457-4584

Iowa – Medicaid and CHIP (Hawki)

Medicaid website: hhs.iowa.gov/programs/welcome-iowa-medicaid
Medicaid phone: (800) 338-8366
Hawki website: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
Hawki Phone: (800) 257-8563
HIPP website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP Phone: (888) 346-9562

Kansas – Medicaid

Website: kancare.ks.gov
Phone: (800) 792-4884
HIPP Phone: (800) 967-4660

Kentucky – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) website:
chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: (855) 459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP website: kynect.ky.gov
Phone: (877) 524-4718
Medicaid website: chfs.ky.gov/agencies/dms

Louisiana – Medicaid

Louisiana Medicaid website: ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: (888) 342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP)
Website: ldh.la.gov/lahipp
LaHIPP phone: (877) 697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: (888) 716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000, Tucker, GA 30084

Maine – Medicaid

Enrollment website: mymaineconnection.gov/benefits
Phone: (800) 442-6003 (TTY: 711)
Private Health Insurance Premium webpage:
maine.gov/dhhs/ofi/applications-forms
Phone: (800) 977-6740 (TTY: 711)

Massachusetts – Medicaid and CHIP

Website: mass.gov/masshealth/pa
Phone: (800) 862-4840 (TTY: 711)
Email: masspremassistance@accenture.com

Minnesota – Medicaid

Website: mn.gov/dhs/health-care-coverage/
Phone: (800) 657-3672

Missouri – Medicaid

Website: mydss.mo.gov/mhd/healthcare
Phone: (573) 751-2005

Montana – Medicaid

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: (800) 694-3084
Email: HSHIPPPProgram@mt.gov

Nebraska – Medicaid

Website: accessnebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

Nevada – Medicaid

Medicaid website: dhcfp.nv.gov
Medicaid phone: (800) 992-0900

New Hampshire – Medicaid

Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: (603) 271-5218
Toll free number for the HIPP program: (800) 852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

New Jersey – Medicaid and CHIP

Website: nj.gov/humanservices/dmahs/individuals-families/familycare
Phone: (800) 356-1561
CHIP Premium Assistance Phone: (609) 631-2392
CHIP phone: (800) 701-0710 (TTY: 711)

New York – Medicaid

Website: health.ny.gov/health_care/medicaid

Phone: (800) 541-2831

North Carolina – Medicaid

Website: medicaid.ncdhhs.gov

Phone: (919) 855-4100

North Dakota – Medicaid

Website: hhs.nd.gov/healthcare

Phone: (866) 614-6005

Oklahoma – Medicaid and CHIP

Website: insureoklahoma.org

Phone: (888) 365-3742

Oregon – Medicaid

Website: healthcare.oregon.gov

Phone: (800) 699-9075

Pennsylvania – Medicaid and CHIP

Website: pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html

Phone: (800) 692-7462

CHIP website: dhs.pa.gov/CHIP/Pages/CHIP.aspx

CHIP phone: (800) 986-KIDS (5437)

Rhode Island – Medicaid and CHIP

Website: eohhs.ri.gov

Phone: (855) 697-4347 or (401) 462-0311 (Direct RlTe Share Line)

South Carolina – Medicaid

Website: scdhhs.gov

Phone: (888) 549-0820

South Dakota – Medicaid

Website: dss.sd.gov

Phone: (888) 828-0059

Texas – Medicaid

Website: hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program

Phone: (800) 440-0493

Utah – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)

website: medicaid.utah.gov/upp

Phone: (888) 222-2542

Email: upp@utah.gov

Adult Expansion website: medicaid.utah.gov/expansion

Utah Medicaid Buyout Program website:

medicaid.utah.gov/buyout-program

CHIP website: chip.utah.gov

Vermont – Medicaid

Website: dvha.vermont.gov/members/medicaid/hipp-program

Phone: (800) 250-8427

Virginia – Medicaid and CHIP

Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select

Website: coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs

Medicaid/CHIP phone: (800) 432-5924

Washington – Medicaid

Website: hca.wa.gov

Phone: (800) 562-3022

West Virginia – Medicaid and CHIP

Website: bms.wv.gov

Website: mywvhpp.com

Medicaid phone: (304) 558-1700

CHIP toll-free phone: (855) MyWVHIPP (699-8447)

Wisconsin – Medicaid and CHIP

Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm

Phone: (800) 362-3002

Wyoming – Medicaid

Website:

health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/

Phone: (800) 251-1269

