

EMPLOYEE 2024 CONTRIBUTION SCHEDULE

Monthly Employee Paid Premiums

Medical Plans	Employee Only	Employee + 1	Employee + Family
Kaiser Permanente HMO w/HRA	\$50.00	\$218.96	\$340.56
Blue Diamond PPO Select	\$50.00	\$208.66	\$321.76
Blue Diamond PPO HSA	\$50.00	\$199.22	\$306.08
Sutter Health HMO w/HRA	\$50.00	\$238.16	\$363.54

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

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

And you can reduce your monthly Medical premium even further! How? By participating in our Blue Diamond Wellness Program!

Your 2024 Benefits Worksheet

The following two pages show the benefit options that you are eligible to enroll in and their associated costs. Your elections will remain in effect until 12/31/2024, unless you experience a qualified election change event allowing you to change your elections. If you do not make any elections during your initial enrollment period, your benefit options will default to waived.

Monthly employee paid premiums:

	Employee Only	Employee + 1	Employee + Family	My 2024 Plan
Medical Plans				
Kaiser Permanente HMO w/HRA	\$50.00	\$218.96	\$340.56	\$ _____
Blue Diamond PPO Select w/HRA	\$50.00	\$208.66	\$321.76	\$ _____
Blue Diamond PPO w/HSA	\$50.00	\$199.22	\$306.08	\$ _____
Sutter Health HMO w/HRA	\$50.00	\$238.16	\$363.54	\$ _____
Dental Plans				
Delta Dental HMO w/ Orthodontia	\$0	\$6	\$12	\$ _____
Delta Dental PPO w/ Orthodontia	\$12	\$34	\$68	\$ _____
Vision Plans				
VSP Select	\$0	\$3	\$7	\$ _____
VSP Premium	\$9	\$18	\$32	\$ _____
Flexible Spending Accounts (Does not default to 2023 election).				
Medical Expense:				\$ _____
Dependent Care (Daycare):				\$ _____
	Employee Only	Employee + Family		
Legal Shield	\$14.96 per month	\$15.96 per month		\$ _____
ID Shield	\$8.45 per month	\$15.96 per month		\$ _____
			2024 Total:	\$ _____

Note: \$28.90 on family pricing if electing ID Shield and Legal Shield.

Kaiser Permanente HMO

w/ HRA

	In-Network
Employer HRA Funding	
Individual	\$2,500
Family	\$5,000
Deductible	
Individual	\$2,500
Individual (<i>Family Member</i>)	\$2,500
Family	\$5,000
<i>(Deductible Funded by BDG HRA)</i>	
Coinsurance (Plan Pays After Ded)	20%
Out-of-Pocket Maximum	
Individual	\$5,000
Family	\$10,000
Physician Visits	
Office Visits	\$20 After Ded
Lab, X-Ray	\$10 After Ded
Well Baby	No Charge
Preventive	No Charge
Prescription Drugs	Plan Deductible <u>Does Not</u> Apply
Tier 1 / 1A (<i>Generic</i>)	\$10
Tier 2 (<i>Brand Formulary</i>)	\$30
Tier 3 (<i>Specialty Drugs</i>)	20% to \$250
Hospital Services	
Outpatient Surgery	20% After Ded
Inpatient Hospital	20% After Ded
Urgent Care	\$20 After Ded
Emergency Room	30% After Ded
Lifetime Maximum	Unlimited

Sutter Health HMO

w/ HRA

	In-Network
Employer HRA Funding	
Individual	\$2,000
Family	\$4,000
	<i>(Hospital HRA Only)</i>
Deductible	
Individual	\$2,500
Individual <i>(Family)</i>	\$2,500
Family	\$5,000
Coinsurance (Plan Pays After Ded)	
N/A	
Out-of-Pocket Maximum	
Individual	\$5,000
Family	\$10,000
Physician Visits	
Office Visits	\$20
Lab, X-Ray	\$20
Well Baby	No Charge
Preventive	No Charge
Infertility Services	Yes
Prescription Drugs	
Plan Deductible <u>Does Not</u> Apply	
Tier 1 / 1A <i>(Generic)</i>	\$10
Tier 2 <i>(Brand Formulary)</i>	\$30
Tier 3 <i>(Brand Non-Formulary)</i>	\$60
Tier 4 <i>(Specialty Drugs)</i>	20% to \$250
Hospital Services	
Outpatient Surgery	\$250 After Ded
Inpatient Hospital	\$500 After Ded
Urgent Care	\$20
Emergency Room	\$100 After Ded
Lifetime Maximum	Unlimited

Blue Diamond PPO

by Anthem Blue Cross | Health Now

	PPO In-Network	PPO HSA In-Network
Preventive Care		
Adult Exam; Well Baby Exam	No Charge <i>Deductible Does Not Apply</i>	No Charge <i>Deductible Waived</i>
Physician—Outpatient		
Office Visit	10% After Deductible	10% After Deductible
Specialist Visit	10% After Deductible	10% After Deductible
Allergy Testing or Treatment	10% After Deductible	10% After Deductible
Basic Laboratory or X-ray	10% After Deductible	10% After Deductible
Most Immunizations	No Charge <i>Deductible Does Not Apply</i>	No Charge <i>Deductible Waived</i>
Outpatient Surgery	10% After Deductible	10% After Deductible
Inpatient Hospital		
Semi-Private Room and Board, Medically Necessary Services and Supplies, including Sub-Acute Care	10% After Deductible	10% After Deductible
Pregnancy and Maternity Care		
Prenatal Care and Hospitalization	10% After Deductible	10% After Deductible
Infertility Diagnosis and Treatment		
	Not Covered	Not Covered
Home Health Care		
Home Health Care	10% After Deductible	10% After Deductible
Emergency Room		
	10% After Deductible	10% After Deductible
Prescription Drugs		
Retail Dispensed at Participating Pharmacies or Other Retail <i>30 Day Supply</i>	\$10 Tier 1 \$25 Tier 2 \$40 Tier 3 \$100 Tier 4 (Specialty Drug)	Tier 1 \$10 After Deductible Tier 2 \$25 After Deductible Tier 3 \$40 After Deductible Tier 4 (Specialty Drugs) \$100 After Deductible
Mail Order Dispensed Through Mail Order Service <i>90 Day Supply</i>	\$20 Tier 1 \$50 Tier 2 \$80 Tier 3 \$200 Tier 4 (Specialty Drug)	Tier 1 \$20 Copay Tier 2 \$50 Copay Tier 3 \$80 Copay Tier 4 (Specialty Drug) \$200 Copay
Calendar Year Deductible		
	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$3,000 Ind in a Family/ \$4,000 Family
Out-of-Pocket Maximum		
	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
HRA Company Allocation		
	\$1,000 Individual \$2,000 Family	N/A
HSA Company Allocation		
	N/A	\$1,000 Individual Annually \$2,000 Ind+1 or Family Annually

According to our records, you are approaching the date that you will become eligible for benefits (medical, dental, vision, group life Insurance, voluntary options, FSA, HSA, and 401K) under the Blue Diamond Growers Selected Benefits Plan. An employee becomes eligible for benefits on the first of the month that follows the date of hire.

To make your benefit elections, please log into the Workday website. Click on your inbox to open and find the Benefits Change-New Hire task.

Should you also elect to enroll your spouse and/or children in a medical, dental, or vision plans, you must provide us with copies of your marriage license and children's birth certificates.

If a benefit election is not made within 30 days from date of hire during your initial eligibility you may be waived out of Blue Diamond Growers' healthcare coverage.

You may only add or delete dependents and/or coverage during Open Enrollment or due to a qualifying event such as a loss of coverage, marriage, divorce, or the birth of a child and within 30 days for which the qualifying event has taken place.

If you have any questions or need assistance in conducting your election, please visit the Human Resource Department.

Your 2024 Benefits Worksheet

The following two pages show the benefit options that you are eligible to enroll in and their associated costs. Your election will remain in effect until 12/31/2024, unless you experience a qualified change event allowing you to change your elections. If you do not make any elections during your enrollment period, your medical, dental, and vision plan elections will default to the 2023 elections. Your FSA election will not default. You must make an FSA election each year.

Monthly employee paid premiums:

Medical Plans	Employee Only	Employee + 1	Employee + Family	My 2024 Plan
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Blue Diamond PPO

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Out-of-Pocket Maximum		
	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
HRA Company Allocation		
	\$1,000 Individual \$2,000 Family	N/A
HSA Company Allocation		
	N/A	\$1,000 Individual Annually \$2,000 Ind+1 or Family Annually

Online Open Enrollment

Welcome to the Open Enrollment cycle for your 2024 benefits. To make changes to your benefits elections effective January 1, 2024, please log onto our open enrollment website.

You will be able to make changes to your medical, dental, vision, flexible spending or HSA account options, supplemental life, and legal plan. Even if you are not planning on making changes, log onto the website and review your benefit information.

To access the Blue Diamond Open Enrollment website, you will need to follow the Company Information listed below.

Enrollment Period November 6, 2023 – November 17, 2023

Login Instructions When Not on the Blue Diamond Network

1. Navigate to <https://bdgrowers.okta.com> from any web browser (IE, Edge, Chrome, or mobile).
2. Log in using your work email address and password.
3. From your Okta homepage click on the Workday icon.
4. On the Workday homepage, click Inbox to find and open the Benefits Open Enrollment task.