

Your 2025 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 12/31/2025, unless you experience a qualified 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:

Medical Plans	Employee Only	Employee +1	Employee + Family	My 2025 Plan
Kaiser Permanente HMO w/HRA	\$50.00	\$225.87	\$352.62	\$
Blue Diamond Anthem PPO w/HRA	\$50.00	\$221.33	\$343.87	\$
Blue Diamond Anthem PPO w/HSA	\$50.00	\$211.18	\$326.08	\$
Sutter Health Plus HMO w/HRA	\$50.00	\$242.92	\$371.82	\$

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	\$

Flexible Spending Accounts			
Medical Expense:			\$
Dependent Care (Daycare)			\$

	Employee Only	Employee + Family	
Legal Shield	\$14.95 per month	\$15.95 per month	\$
ID Shield	\$8.45 per month	\$15.95 per month	\$

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

2025 Total \$

Kaiser Permanente HMO

w/ HRA

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

Blue Diamond PPO

by Anthem Blue Cross

	PPO HRA In-Network	PPO HSA In-Network
Employer HRA/HSA Funding	HRA Only	HSA Only
Individual	\$1,000	\$1,000
Family	\$2,000	\$2,000
Deductible		
Individual	\$2,000	\$2,000
Individual (Family Member)	\$2,000	\$3,300
Family	\$4,000	\$4,000
Coinsurance		
	10%	10%
Out-of-Pocket Maximum		
Individual	\$3,000	\$3,300
Family	\$6,000	\$6,000
Physician Visits		
Office Visits	10% After Deductible	10% After Deductible
Lab, X-Ray	10% After Deductible	10% After Deductible
Well Baby	Deductible Does Not Apply	Deductible Waived
Preventive	No Charge	No Charge
Hospital Services		
Outpatient Surgery	10% After Deductible	10% After Deductible
Inpatient Hospital	10% After Deductible	10% After Deductible
Urgent Care	10% After Deductible	10% After Deductible
Emergency Room	10% After Deductible	10% After Deductible
Prescription Drugs		
	Deductible Does Not Apply	Deductible Applied
Tier 1 / 1A (Generic)	\$10	\$10 After Deductible
Tier 2 (Brand Formulary)	\$25	\$25 After Deductible
Tier 3 (Brand Non- Formulary)	\$40	\$40 After Deductible
Tier 4 (Specialty Drugs)	30% up to \$100	30% up to \$100 After Deductible
Lifetime Maximum	Unlimited	

Important Enrollment Information

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 will 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.