Benefits Guide BOOK 1

2023

Medical, Dental/Vision,
Flexible Spending, HSA Accounts/401k

Your Benefits Guide 2023

BOOK 1

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WELCOME

Blue Diamond Growers is pleased to provide you with this benefits information handbook. Inside, you will find general information on Blue Diamond Growers comprehensive benefits package.

This booklet is intended to be an easy reference providing summarized descriptions of key benefits available to you as an eligible employee of Blue Diamond Growers. It also provides you with additional resource phone numbers and web addresses so that you can continue your research into some of the more specific details about our benefit plans.

Blue Diamond Growers Benefit Philosophy

It is Blue Diamond Growers' goal to provide a comprehensive and competitive benefits package to help our employees meet their needs and the needs of their families at a reasonable cost. Blue Diamond Growers offers Medical, Dental, Vision, Life and Accidental Death & Dismemberment, Long Term Disability, EAP, Wellness and Retirement Programs to our eligible employees. Historically, Blue Diamond Growers has paid 75–80% of the total employee benefit costs.

In order to better evaluate the value of our benefit plans, Blue Diamond Growers welcomes feedback on your insights and experiences. Your input is an important ingredient in our effort to maintain the effectiveness of our benefit programs.

Blue Diamond Growers' Benefit Team

Blue Diamond Growers' benefit team is here to guide you through the often overwhelming and confusing issues regarding your health and welfare benefit plans. In addition, Filice Insurance Agency, our external benefits broker, has a team of benefit helpline representatives trained to assist with claims, eligibility and general benefit questions throughout the plan year.

ELIGIBILITY

General Description of Employee Eligibility

All active employees, working a minimum of 20 hours per week, are eligible for participation in Blue Diamond's health and welfare plans.

- If you are newly hired or rehired, you will be eligible to enroll in benefits beginning the first of the month following your date of hire/rehire
- If you have been on layoff, your benefits will begin on the first of the month following your recall

Description of Dependent Eligibility

Blue Diamond also extends medical, dental and vision benefits for your qualified dependents.

Qualified dependents include:

- The employee's lawful spouse as defined by state law or domestic partner registered with the Secretary of the State of California
- Natural, adopted or stepchildren or registered domestic partner's children up to the age of 26
- Disabled children over the age of 26, with proper documentation, who are physically or mentally incapable of self-support

Adult children ***who do not have access*** to employer-sponsored coverage other than that of either parent, are eligible to participate in their parent's plan until they turn age 26.

- Eligibility is regardless of student, marital or dependency status
- The children or spouses of adult children are not eligible for coverage

ANNUAL OPEN ENROLLMENT

Each year you will have the opportunity to make changes to your benefit package during the annual open enrollment period. All elections and changes take effect on January 1st and remain in effect for the balance of the plan year. The only other time during the plan year you can make a change is if you experience a change in family status. Qualifying events include the following family status changes:

- Marriage or divorce
- Medicare eligible
- Addition of a dependent
- Loss of a dependent
- Loss of coverage under a qualified benefit plan
- Eligible for coverage under a qualified benefit plan
- Return from Leave or Layoff

Enrollment changes following a qualifying event must be requested within 30 days of the event. Failure to request a change of status within 30 days of the qualifying event may result in your having to wait until the next open enrollment period to make your change.

Financial distress is not an IRS approved reason for dropping benefits deducted from your paycheck on a pre-tax basis.

WE OFFER **HMO** & **PPO** MEDICAL PLAN OPTIONS

HMO Options

Blue Diamond Growers offers various options for each of the Health Maintenance Organizations (HMO); Kaiser Permanente and Sutter Health Plan.

A form of Managed Care, the HMO utilizes a series of care protocols, and a Primary Care Physician to provide two key elements of your care.

First, the Primary Care Physician assumes the role as your personal director of medical care. As such, he or she is responsible for authorizing all care, including emergency care. This important mechanism ensures that you have the greatest opportunity to receive appropriate care from the appropriate provider.

Secondly, an HMO program provides a myriad of wellness features and programs for you to maintain your fitness and health. Well Baby Care, routine physical exams, women's care, and mammography are staples of the HMO environment.

Kaiser HMO

As a not for-profit organization, Kaiser is driven by the needs of their members and their social obligation to provide benefits for the communities in which they operate, rather than the needs of the shareholders.

Preventive Care

Kaiser Permanente enjoys a reputation for being on the cutting edge of healthy lifestyle education. You have the option to complete a personal health assessment, learn about topics from fitness to aging or how to manage a chronic disease.

Online Access

Visit www.kp.org and you will find information on wellness programs, nutrition, prescription drug formularies and discount programs.

Primary Care Physicians

When you contact Kaiser Member Services to make your initial physician appointment you will be assigned a Primary Care Physician (PCP). You can change your PCP at anytime by contacting Kaiser. This PCP must authorize all care, including emergency services. Your medical record number, which appears on your Kaiser Permanente ID card, is your passport to Kaiser Permanente and you will need it when you connect with them in person, online, or over the phone.

Emergency Care

You are covered world-wide for emergencies with Kaiser. But please note that it is your responsibility to notify your PCP of an emergency as soon as reasonably possible.

Sutter Health Plus HMO

With the Sutter Health Plus network, you can take advantage of conveniently located care centers and facilities in your community. This includes access to high-quality primary care doctors, specialists, labs and diagnostic imaging centers, urgent care centers, hospitals, Walk-In Care and other health care services. As a Sutter Health Plus HMO member you'll have predictable co-payments and fees, helping you control your costs.

Preventive Care

Preventive Care services are covered at 100%, you will not be charged a co-payment or deductible as long as services are received in the health plan's network.

Online Access

Sutter Health Plus offers a member portal for your convenience where you and your covered family members can search for network doctors, view a summary of your out-of-pocket balances, change your PCP and request or print your ID cards. Visit www.shplus.org/memberportal to get started.

Primary Care Physicians

When you enroll in Sutter Health Plus HMO, you and each covered family member selects a Primary Care Physician (PCP). Your PCP is your health care advocate – providing or coordinating most of your care such as routine exams, preventive care and treatment for illnesses and minor injuries. And when you need to see a specialist, your PCP will provide a referral. Find a physician you can build a long-term relationship with as your trusted health care partner.

Emergency Care

Sutter Health Plus provides coverage for urgent and emergency care anywhere in the world. In the case of a medical emergency, you should call 9-1-1, if available, or go to the nearest hospital. But please note that it is your responsibility to notify your PCP of the emergency as soon as reasonably possible. Failure to do so may result in declination of the charges associated with the emergency.

KAISER HMO

Select and Plus

	Select	Plus
Preventive Care		
Scheduled Routine Exams, including Well Woman, Well Baby, and Adult Exams	No Charge	No Charge
Physician—Outpatient		
Office Visit	$30/Visit	$40/Visit
Specialist Visit	$30/Visit	$40/Visit
Allergy Testing	$30/Visit	$40/Visit
Allergy Injection	No Charge	$5/Visit
Laboratory or X-ray	$10 Co-Pay	No Charge
Most Immunizations	No Charge	No Charge
Outpatient Surgery	20% After Deductible	$250 Per Procedure
Inpatient Hospital		
Semi-private room and board, medically necessary services and supplies, including sub-acute care	20% After Deductible	$500 Per Day
Pregnancy and Maternity Care		
Prenatal Care	No Charge	No Charge
Hospitalization	20% After Deductible	$500 Per Day
Infertility Diagnosis and Treatment	50%	50%
Home Health Care		
Home Visits, when ordered by physician	No Charge	No Charge
Emergency Room	20% After Deductible	$150/Visit (Waived if Admitted)
Prescription Drugs		
Dispensed at participating pharmacies *30 day supply*	$10 Generic $30 Brand Name $30 Specialty Drug (Deductible Waived)	$10 Generic $30 Brand Name $30 Specialty Drug
Dispensed through mail order service *100 day supply*	$20 Generic $60 Brand Name Not Available	$20 Generic $60 Brand Name Not Available
Calendar Year Deductible	$1,000 Individual $2,000 Family	Not Applicable
Out-of-Pocket Maximum	$3,000 Individual $6,000 Family	$3,000 Individual $6,000 Family

SUTTER HEALTH **HMO**

Plus and Premium Options

	Plus	Premium
Preventive Care		
Adult Exam; including Well Woman, Well Baby Exam	No Charge	No Charge
Physician—Outpatient		
Office Visit	$40/Visit	$20/Visit
Specialist Visit	$40/Visit	$20/Visit
Allergy Testing or Treatment	$25/Visit PCP $25/Visit Specialist	$20/Visit
Laboratory or X-Ray	$10 Co-Pay	$20/Lab No Charge/X-Ray
Most Immunizations	No Charge	No Charge
Outpatient Surgery	$100 Per Procedure	$100 Per Procedure
Inpatient Hospital		
Semi-private room and board, medically necessary services and supplies, including sub-acute care	$500 Per Admit	$500 Per Admit
Pregnancy and Maternity Care		
Prenatal Care	No Charge	No Charge
Hospitalization	$500 Per Admit	$500 Per Admit
Infertility Diagnosis and Treatment	50%	50%
Home Health Care		
Home Visits, when ordered by physician	No Charge	No Charge
Emergency Room	$150/Visit (Waived if Admitted)	$100/Visit (Waived if Admitted)
Prescription Drugs		
Dispensed at participating pharmacies *30 day supply*	$10 Generic $30 Brand Name Formulary $60 Non-Formulary 20% coinsurance up to $100 copay per prescription (Specialty Drug)	$10 Generic $30 Brand Name Formulary $50 Non-Formulary 20% coinsurance up to $100 copay per prescription (Specialty Drug)
Dispensed through mail order service *Up to 100 day supply*	$20 Generic $60 Brand Name Formulary $120 Non-Formulary Not Available	$20 Generic $60 Brand Name Formulary $100 Non-Formulary Not Available
Calendar Year Deductible	Not Applicable	Not Applicable
Out-of-Pocket Maximum	$3,000 Individual $6,000 Family	$1,500 Individual $3,000 Family

PPO Plan Option

We also offer the Blue Diamond Preferred Provider Organization (PPO) medical plan option. The PPO plan is a form of managed care but the program provides significantly greater freedom of choice. With the PPO, you become your own plan manager. You get to decide where to receive care, and from whom.

Understanding In-Network vs. Out-of-Network

In-Network: A doctor or health care provider that has a contract with the insurance company. They have agreed to pre-negotiated, discounted rates.

Out-of-Network: A doctor or other provider that is not contracted with the insurance company.

It's important to understand these two concepts. PPO plans will provide coverage even if you go out-of-network. However, be advised that this option will result in significantly higher out-of-pocket costs compared to using in-network providers.

Blue Diamond PPO by Anthem Blue Cross | Lucent Health

The Blue Diamond PPO plan is administered by Lucent Health and the plan utilizes the Anthem Blue Cross network of providers. The Anthem network offers its members access to one of the largest provider networks in the nation, with approximately 59,000 participating physicians and 400 hospitals. PPO plans give members the ability to self-direct their care and, if they choose, see any doctor (including specialists) without a referral. When selecting the PPO plan, you also have access to the Anthem Blue Card National network of physicians.

By selecting the Blue Diamond PPO plan, you will have one of the lowest monthly payroll costs and an allocation of funds provided by Blue Diamond, to help pay half of your annual deductible.

Health Reimbursement Account (HRA)

A Health Reimbursement Account allows you to use company provided funds to assist you in reaching your deductible. When you have a claim that is applied to your deductible, the plan will pay the claim from your HRA account first. Once all HRwA funds are exhausted then you will be responsible for the balance. After you reach the deductible, you will move into a cost-share with the insurance company where you pay a percentage of the claims. This is referred to as co-*insurance*.

Preventive Care

Your preventive care is covered at 100% in-network. You don't have to pay any out-of-pocket costs such as deductibles or copays for preventive care if you use a network doctor. The PPO plan also includes value added extras such as a 24-Hour Nurse Line.

Online Access

The PPO plan's member website will give you access to your personal plan information and helpful features so you can get the most out of your health plan coverage and benefits. You can search for network doctors, access your member ID card, estimate health care costs and much more. Visit www.mylucenthealth.com to get started.

Plan Basics

The PPO plan offers its members the flexibility to self-refer care for most procedures. Members may receive care at any licensed facility however, optimal use of the plan requires that members use in-network providers. In-network providers have contracted with Anthem Blue Cross and have agreed to provide their services at a significant discount to their normal charges.

Emergency Care

On the PPO plan, you are covered world-wide for emergencies.

BLUE DIAMOND **PPO**
BY ANTHEM BLUE CROSS | LUCENT HEALTH

	PPO In-Network	PPO HSA In-Network
Preventive Care		
Adult Exam, Well Baby Exam	No Charge *Deductible Does Not Apply*	No Charge *Deductible Waived*
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 *Deductible Does Not Apply*	No Charge *Deductible Waived*
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		
Dispensed at participating pharmacies or other retail *30 day supply*	$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) 30% to $200 After Deductible
Dispensed through mail order service *90 day supply*	$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 Drugs) $200 Copay
Calendar Year Deductible	$2,000 Individual; $4,000 Family	$2,000 Individual; $2,800 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	$,1000 Individual Annually $2,000 Ind. + 1 or Family Annually

BLUE DIAMOND WELLNESS PROGRAM BY VITALITY

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.

When you're healthy, you look better, feel better, require less healthcare, and overall enjoy a better quality of life. Reap the benefits of healthy living when you participate in Vitality!

You can earn Vitality Points, which will help you increase your Vitality Status. The more you do, the higher your Vitality Status and the greater the perks that come with it – including lower medical premiums each month. Move from Silver status to Platinum status to receive monthly medical rebates ranging from $30-$50, to of if enrolled in the PPO select plan receive $300-$600 more in your HRA or HSA account annually.

Learn more at www.PowerOfVitality.com

If enrolled in HMO Plans:

$50	$40	$30
Platinum	*Gold*	*Silver*

Per month in paycheck

If enrolled in PPO Plan:

$600	$450	$300
Platinum	*Gold*	*Silver*

Per year in HRA or HSA account

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 Review online and be awarded Kick-Start Points to maintain or increase your 2023 Vitality Status. Vitality Health Review must be completed to receive rebate or HRA & HSA allocation.

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 to be eligible for the rebate.

January 1, 2023
New Program Year Start = More Points

Your Vitality membership will remain in active status and you will retain the Vitality status you earned in the previous year.

- In 2023, log into the Vitality Program: www.PowerofVitality.com
- Complete the VHR questionnaire: MY PROFILE > VITALITY HEALTH REVIEW > Complete the VHR and earn 500 Vitality Points
- Bonus points: Complete the VHR by February 28th and receive a bonus of 250 Vitality Points
- Review, activate or continue your personal health goals: MY PROFILE > MY GOALS

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! So, you'll begin the new program year with 1,000 points, not 0.

What happened to my Vitality Bucks from 2022? You do not lose the buck you earned in 2022 unless you have spent them in the Vitality Mall. The Bucks you earned in 2022 will be banked for you to either spend or use in addition with Bucks earned in 2023.

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 Reward Status

How will this work going into 2023? Current Status (what you had earned in 2022) will remain the same in 2023. IF you complete the Vitality Health Review within the first 60 days of the 2023. If you did not earn points in 2022 our rebate will change to $0.00. If the Vitality Health Review is not complete within the first 60 days of 2023, the Wellness Rebate/ Allocation will be removed.

DELTA DENTAL **HMO** & **PPO** OPTIONS

Preventive care is absolutely essential when determining the value of an employee dental program. Without an effective preventive dental plan, costs and frequency of procedures are certain to rise. Both Delta Dental Plans provides 100% coverage for preventive care for your teeth.

	Delta Dental DeltaCare USA HMO	Delta Dental PPO
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 maximums
Changing Your Dentist	You must contact Delta Dental to change your selected dentist, and can do so via telephone or internet	Change dentists any time without contacting Delta Dental
Transitions From Previous Plan	Coverage is provided only for treatment started after your effective date of coverage under the Delta Dental plan.	
Orthodontic Treatment in Progress	Covers new enrollees who, on the effective date of their coverage, are in active treatment started under their previous employer sponsored dental plan	Plan will pay the amount of the total case fee calculated to be Delta Dental's liability, subject to lifetime and annual maximum benefits
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 is not 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 or your visit	No claim forms required when treatment is received from a Delta Dental dentist. You will never pay more than the patient's share at the time of treatment

DELTA DENTAL COMPARISON CHART

Usual, Customary, and Reasonable

As with all dental plans, Delta Dental will pay up to an amount that is usual, customary and reasonable (UCR), relative to other dental providers in your area. This is determined by using research data provided by third party resources.

Fees are based on the negotiated rates for contracted Delta providers so when you visit a non-contracted dentist Delta Dental will only pay the negotiated rate. The non-contracted dentist can bill the member for the outstanding difference. This is known as balance billing.

	HMO Dentist	**PPO** Dentist	**Non-PPO** Dentist
Maximum Annual Benefit *(The costs for Diagnostic & Preventive services are not deducted from your annual maximum benefit)*	Unlimited	$1,500/Year	$1,200 /Year
Calendar Year Deductible *(Basic & Major Only)*	None	$40 Per Person $120 Per Family	$50 Per Person $150 Per Family
Preventive Services *Oral Exam, Routine Cleanings, X-Rays, Fluoride Treatment*	100%	100% No Deductible	100% No Deductible
Basic Restorative Services *Fillings, Root Canals, Oral Surgery, Periodontics, Tissue Removal*	See Copayment Fee Schedule $0–$300	80% After Deductible	80% After Deductible
Major Restorative Services *Crowns, Dentures, Bridges*	See Copayment Fee Schedule $0–$300	50% After Deductible	50% After Deductible
Orthodontic Services *Adult & Child(ren) up to $1,500 Lifetime Maximum per person*	See Copayment Fee Schedule $0–$1900	50%	50%

VSP **PPO** SELECT & PREMIUM OPTIONS

One of the most precious gifts of life is our ability to see – and see well. Blue Diamond Growers offers a comprehensive vision plan through Vision Service Plan (VSP) for you and your family. Services include routine eye exams as well as care for non-surgical medical eye conditions and other urgent eye care needs. You may elect to use VSP's participating providers for your vision services, or use a non-plan provider. The plan allows for both options.

Provider

When you want to obtain vision care services, call a VSP participating provider to make an appointment. To locate a participating provider log on to their web site at www.vsp.com. Identify yourself as a VSP member and be prepared to provide the employee's Social Security number. VSP will pay the participating provider directly for covered services and materials.

Non-Participating Provider

Services and materials obtained from a non-participating provider will be reimbursed up to the allowances reflected. The allowances are listed on the table opposite this page. If you receive an examination and/or materials from a non-participating provider, you are responsible for paying the provider in full, then submitting itemized receipts to VSP for reimbursement within 6 months of the date of service.

Q. My vision is fine. Why do I need an eye exam?

A. Your eyes are your "windows to wellness." They're the only places on your body that provide a clear view of your blood vessels, which can tell a lot about your overall health. A WellVision Exam® from a VSP doctor does more than just help you see well. It can also help the doctor see signs of common health conditions, like high cholesterol, high blood pressure and diabetes.

Q. How often should I have an eye exam?

A. We recommend that you have your eyes checked every year to keep you and your eyes healthy.

Q. When should children have their first eye exam?

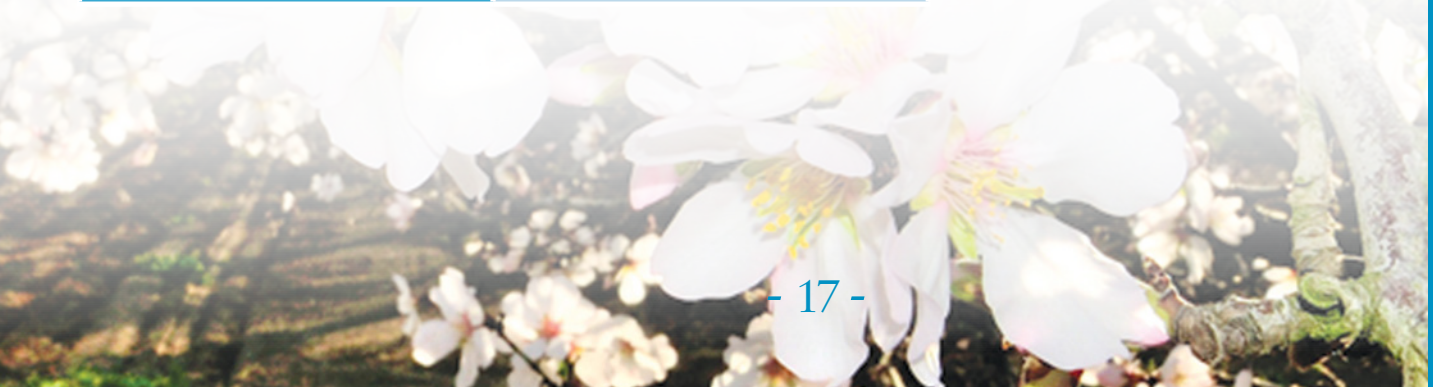
A. We recommend children have their eyes checked at 6 months.

Q. What's a VSP WellVision Exam?

A. Only VSP can offer A WellVision Exam. VSP doctors do much more than a quick check of your eyes. They'll carefully look for eye problems and signs of other health conditions.

	Select Plan	Premium Plan In-Network
Examination/ Examination Frequency	$10 Copay 12 Months	$25 Copay 12 Months
Materials: Frames & Lenses Materials Frequency	$20 Copay 24 Months	$25 Copay Applies to lenses and materials beyond standard covered items Basic Lenses 12 Months
Frames	$120 Maximum Allowance $65 Allowance for Costco Frames 20% Off Over Your Allowance	$200 Maximum Allowance $110.00 Allowance for Costco Frames 20% Off Over Your Allowance
Materials: Contact Lenses/ Materials Frequency	No Copay 24 Months $120 Maximum Allowance	No Copay 12 Months $200 Maximum Allowance
Doctor Fees for Contact Lens Evaluation & Fitting	15% Discount	15% Discount
Additional Glasses	20% Discount	20% Discount
Laser Vision Correction	15% Off The Regular Price or 5% Off The Promotional Price	15% Off The Regular Price or 5% Off The Promotional Price

	Out-of-Network
Examination	Up to $45 Allowance
Frames	Up to $70 Allowance
Lenses	Lenses Single Vision Up to $30 Bifocal Lenses Up to $50 Trifocal Up to $65 Contact Lenses Up to $105



EMPLOYEE 2023 CONTRIBUTION SCHEDULE

Monthly Employee Paid Premiums

Medical Plans	Employee Only	Employee + 1	Employee + Family
Kaiser HMO ***Select***	$50.00	$213.63	$332.26
Kaiser HMO ***Plus***	$76.78	$259.43	$390.83
Blue Diamond PPO ***Select***	$50.00	$199.67	$307.90
Blue Diamond PPO ***HSA***	$50.00	$190.65	$292.90
Sutter Health HMO ***Plus***	$50.00	$232.36	$354.67
Sutter Health HMO ***Premium***	$156.33	$433.88	$649.98

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

*See plans on pages 14–15

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

*See plans on pages 16–17

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

FLEXIBLE SPENDING ACCOUNTS

Our plans allow you to pay for group insurance premiums pre-tax, dependent care and health care expenses for you and your family not covered by insurance with untaxed salary. That's because the IRS allows you to exchange taxable salary for TAX-FREE benefits. As a result, the money you contribute to the Plan is pre-tax and not subject to payroll taxes (social security, federal or state income taxes). We estimate that employees will save from 25% to 40% or more by using this Plan. In fact, the higher your tax bracket, the more you'll save!

The insurance premiums that you contribute to your benefit plans are deducted pre-tax from your check prior to calculating your payroll taxes. This option happens automatically.

Flexible Spending Accounts

Health Care

This elective account is used to reimburse you for health care expenses not paid by insurance (prescription drugs, glasses, contact lenses and supplies, dental, chiropractors, deductibles, and office visit copays). You may also include expenses for your spouse and dependent children. Your maximum deferral amount is determined by the IRS. Plan year always ends on December 31st.

Dependent Care

This elective account is used to reimburse you for adult or child ***Day Care Expenses*** so you (and your spouse) can go to work. You may contribute up to the IRS limits per household per calendar year. Your contributions to the Reimbursement Accounts will be deducted evenly from each paycheck and credited to your accounts. As you incur expenses, you can submit claims to **BASIC Pacific**. They will reimburse you with the untaxed money from your accounts. Reimbursement forms are available at the Human Resources Department.

What is the Health Care FSA "Carry Over" Provision?

This is a provision that allows you to carry over up to $550 of unused Health Care FSA funds into the next plan year. This provision is only available on the Health Care FSA plan. Terminated employees have 90 days after the end of the plan year to submit claims that occurred prior to termination.

What is the "Use It or Lose It" Provision?

This is a provision that states you must use your annual election by the end of the Plan year or termination date of your participation in the plan. Expense dollars not used for expenses during the time previously mentioned are forfeited. Unused Health Care FSA amounts above $550 are forfeited. You have 90 days after the end of the Plan year to submit your request for reimbursement of expenses incurred within your participation of that Plan year. Terminated employees have 90 days after the end of the plan year to submit claims that occurred prior to termination.

Who Administrates the Flex Plan?

BASIC Pacific is the Third-Party Administrator (TPA) for the Flexible Benefit Plan.

What is the maximum that I may elect?

***Medical Expense Flexible Spending Account (FSA):* $2,850**

Dependent Care Flexible Spending Account (FSA):* $5,000

* The maximum tax exclusion permitted under the Dependent Care Account for a full 12-month Plan Year is $5,000 per individual taxpayer or married couple filing a joint tax return. The maximum amount permitted could be reduced under the following circumstances: **(1)** If you are married and file a separate tax return, the maximum you may elect is $2,500; **(2)** If your spouse earns less than $5,000, you may not elect more than your spouse earns during the Plan Year; **(3)** If your spouse is a full-time student or incapable of self-care, the maximum you may elect is $3,000 for one child in day care or $5,000 if you have two or more children in day care.

Is a prescription required to be reimbursed for all my Over-The-Counter (OTC) Drug & Medicine purchases?

Yes. As of January 1, 2011, you must have a prescription to be reimbursed for over the counter (OTC) drugs & medicines (even though a prescription is not required to actually purchase the drug or medicine). However, while a prescription is required to be reimbursed for OTC "drugs" and "medicines", a prescription is NOT REQUIRED to be reimbursed for any of the more than 27,000 OTC medical "products" and "supplies" that are available from retailers. Visit basiconline.com for a list of eligible expenses.

Do I have to get a new prescription every time I purchase an OTC drug or medicine?

It depends on your prescription. If your prescription is written for a onetime purchase, then you may only use it once. On the other hand, if your prescription is written for lifetime condition, you may never need to obtain a new prescription.

Do I have to include a copy of my prescription every time I submit a claim to BASIC Pacific?

Yes. There is no way for **BASIC Pacific** to keep track of thousands of prescriptions that are "on file" for participants. If this doesn't work for you, we recommend that you accumulate your OTC drug and medicine expenses throughout the year and then submit a claim for multiple purchases at the end of the year.

*Following is a sample list of OTC expenses that **DO** require a prescription:*

- Anti-Parasitic
- Antibiotics
- Eyeglasses
- Sedatives
- Sinus Rinse

WELCOME TO YOUR 401(K)!

Blue Diamond Growers helps your retirement savings grow with a generous employer contribution of 100%, on the first 3% and 50% on the next 3%, for a maximum employer match of 4.5% on the first 6% of eligible pay.

New hires are eligible to participate in the 401(k) plan the first day of the month following their hire date. You can enroll in the 401(k) and make an election at any time after your eligibility date.

Plan Enrollment

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

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! For every dollar you contribute, Blue Diamond contributes $1.00 on the first 3% of eligible pay and $0.50 on the next 3%.

Accessing Your Account

Call Fidelity at **800-835-5097**, weekdays 8:30 a.m. to 8:30 p.m. 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:**
  - Go to **www.netbenefits.com**.
  - Select "Register as a new user."
  - Follow the instructions to establish a password and access your account.

Download the NetBenefits® Mobile App

Check balances and account performance, update contribution amounts or change investments and more!

Download on the App Store | GET IT ON Google play | Get it from Microsoft

Microsoft Surface™

Smartphone and iPad

For quick account access when you're on the go, download the NetBenefits® mobile app by scanning the QR code below.

Screenshots are for illustrative purposes only.

System availability and response times may be subject to market conditions.

App Store is a service mark of Apple Inc.

Google Play is a trademark of Google Inc.

Microsoft and Windows are either registered trademarks or trademarks of Microsoft Corporation in the United State and/or other countries.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a personal account in which you and Blue Diamond Growers can place tax deferred money. These funds are owned and controlled by you and can be used to help pay for qualified first dollar expenses not covered by your high deductible health insurance plan, including copays and deductibles – tax free.

If you participate in the Anthem PPO HSA compatible health plan, you will be eligible to set up a Health Savings Account (HSA) with Benefit Resources Inc. (BRi) and contribute pre-tax dollars to help pay for eligible expenses. **Blue Diamond Growers will help fund your HSA account with monthly contributions**. If you are enrolled in self-only coverage, Blue Diamond Growers will fund $83.33 per month into your HSA. If you are enrolled in family coverage, Blue Diamond Growers will fund $166.67 per month into your HSA.

Who Administrates the HSA Plan?

Benefit Resources Inc. (BRi) is the third-party Administrator for the Health Savings Account

HSA Contributions

The amount you may contribute is the IRS annual maximum minus any employer contribution. You may contact your HR Department for assistance in determining the amount and frequency of your contributions. Your total annual contribution must not exceed the amount allowable by law. The IRS adjusts and publishes annual contribution amounts annually. Should you exceed the allowable contribution, you may be subject to an IRS tax penalty.

2023 Contribution Limits	
Single Coverage	$3,850
Family Coverage	$7,750
Additional Catch-up contribution (*Individuals over the age of 55 and not enrolled in Medicare*)	$1,000

Advantages of an HSA

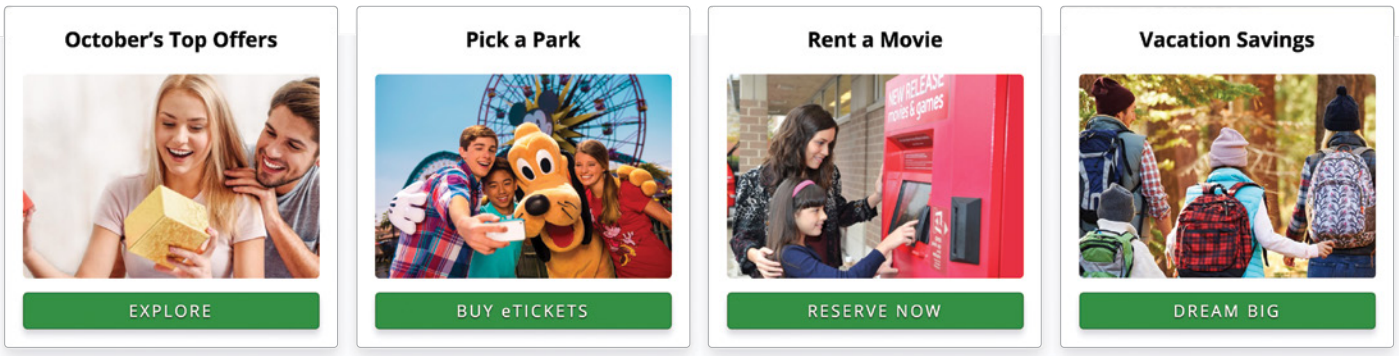
- The tax benefits - contributions and interest earned are exempt from federal income tax
- The funds in an HSA can be used to pay for health care expenses of family members
- Unused funds roll over from year to year
- Your HSA, including Blue Diamond Growers contributions, stays with you even if you switch employers, change health plans or retire
- If you have an HSA somewhere else, you can transfer the balance to your new HSA
- Your money can earn interest – plus, you can enjoy investment options much like a 401(K) *(minimum balance required)*

To maintain HSA eligibility:

- You must be covered by an HSA-compatible Health Plan (such as the Anthem PPO HSA)
- You cannot be covered by a spouse's or parent's non-HSA compatible health plan (HMO, PPO)
- You cannot be enrolled in a general-purpose health care flexible spending account (FSA) or health reimbursement arrangement (HRA)
- You can't have Medicare or TRICARE
- You can't be claimed as a dependent

JOIN THE BLUE DIAMOND GROWERS FAMILY DISCOUNT PERKS PROGRAM

Access to discounts, giveaways, movie showtimes, exclusive offers, and more!



Blue Diamond Growers provides team members with exclusive perks and savings on everything from pizza and the zoo, to movie tickets, oil changes, hotels, and car rentals.

REGISTER AND LOGIN TO START SAVING!

STEP 1:

Go to **http://bluediamond.abenity.com**

STEP 2:

Click Register

- Use Registration Code **BDGPERKS**
- Fill out all required fields
- Click Submit Registration

STEP 3:

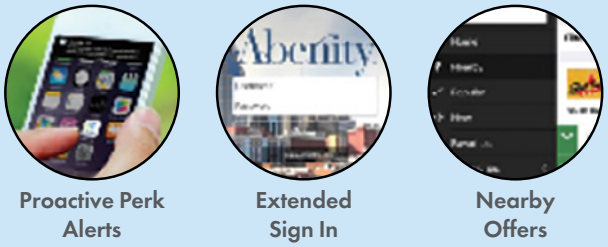
Login using your newly created username and password.

**You must Register online first to access your account via a mobile app.

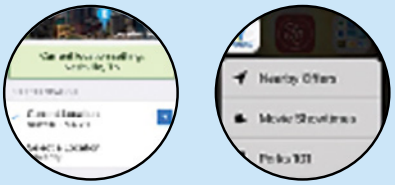
MOBILE APPS

Download the app for iPhone, Android, and Windows phones at **http://bluediamond.abenity.com/perks/about**

Quickly access favorites, mobile coupons, movie showtimes, eTickets, and tutorials on the go!



Proactive Perk Alerts | Extended Sign In | Nearby Offers



Automatic Location Updates | 3D Touch Shortcuts *(iPhone Only)*

CONTACT INFORMATION

Book 1 Benefits	Group #	Customer Service
Blue Diamond Growers Employee Benefits Website	-	www.filice.com/benefits/bluediamond
Kaiser HMO	000603211	800-464-4000 www.kp.org
Sutter Health HMO	224114	855-315-5800 www.sutterhealthplus.org
Blue Diamond PPO by Anthem Blue Cross | Lucent Health	281431	877-789-8488 www.mylucenthealth.com
Delta Dental	HMO #76752 PPO #4054	HMO 800-422-4234 PPO 800-765-6003 www.deltadental.com
Vision Service Plan	00112854	800-877-7195 www.vsp.com
Vitality Wellness	Blue Diamond Growers	www.powerofvitality.com/vitalityportal/login
BASIC Pacific Flex and HRA	Blue Diamond Growers	800-372-3539 www.basiconline.com
Benefit Resource (BRi) HSA	Blue Diamond Growers	800-473-9595 www.benefitresouces.com

Book 2 Benefits	Group #	Customer Service
The Standard Life & Disability (LTD)	170687	888-937-4783
The Standard Supplemental Life	170687	888-937-4783
The Standard-Voluntary	761910	866-851-5505 standard.com
The Standard EAP	Blue Diamond Growers	877-851-1631 www.healthadvocate.com/standard6
Legal Shield	Blue Diamond Growers	800-654-7757 www.legalshield.com
IDShield	-	888-494-8519 www.idshield.com
Filice Insurance Agency Benefits Helpline	Broker Benefit Services	888-520-1864 bluediamondbenefits@filice.com
TravelAid–Assist America	Blue Diamond Growers Reference # 01-AA-STD-5201	800-872-1414 Outside US: +1-609-986-1234 medservices@assistamerica.com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