

A decorative wavy line in shades of blue and grey curves across the middle of the page. The background of the lower half is a photograph of a path lined with cherry blossom trees in full bloom, with a blue sky and clouds visible in the distance.

2024 Employee Benefits Guide

September 1, 2024 – August 31, 2025

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You are eligible to participate in the Harris Farms, Inc. Benefits Program if you:

- Are a full-time employee scheduled to work a minimum of 30 hours per week for the Medical, Dental, and Vision coverage, and 32 hours per week for the Life/AD&D and LTD coverage
- Have satisfied the new hire waiting period of First of The Month Following 60 Days of Employment

You may also elect coverage for your:

- Legal spouse or registered Domestic Partner
- Dependent children to age 26 ***(applies to all lines of coverages, regardless of full-time student status)***
- Unmarried children who are physically or mentally incapable of self-support

Benefits Program

2024-2025 Plan Year

Open Enrollment occurs once a year in August for a September 1st effective date. During the Open Enrollment period, you may do the following, without experiencing a qualifying event:

- Enroll, if you are currently not enrolled
- Cancel your coverage(s)
- Add or delete dependents from your coverage
- Change your benefit election(s)

Even if you decline coverage or are not making any changes to your coverage, you must still sign and provide the Open Enrollment Notice and Election Form to the Human Resources Department.

Changes During the Plan Year

After Open Enrollment, you can change your benefit elections only if you experience a qualifying event. A few examples of qualifying events include, but not limited to, changes in:

- Marital status (marriage, divorce, legal separation)
- Number of dependent children (birth, adoption, placement for adoption, named legal guardian)
- Employment status (part-time to full-time)
- Dependent status (child reaches maximum age)
- Eligibility status (you or your spouse experience a change in hours, job loss, getting a new job, become entitled to Medicare or Medicaid)

You have 31 days from the time of the qualifying event to notify Human Resources to change your benefits.

The benefits and coverage you select during this open enrollment period will remain in effect through August 31, 2025.

The following benefit plans are available to you (and your eligible dependents):

- Medical Bronze Plan – Anthem Network
- Medical Ranch Plan – Anthem Network
- Medical California Plan – Anthem Network
- Medical Liberty Plan – Anthem Network
- Dental PPO Plan through Delta Dental (Dental and Vision plans are bundled)
- Vision Plan through VSP (Dental and Vision plans are bundled)
- Life/AD&D (Basic & Voluntary) plan through The Standard
- Long Term Disability through The Standard
- Employee Assistance Program (EAP) through The Standard

Medical Coverage

The following chart summarizes the benefits for the medical EPO plans offered to all eligible employees. EPO plans offer In-Network ONLY coverage, with the exception of prescription medications and Emergency only cases.


	Bronze Plan		Ranch Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual/Family	\$2,000/Individual		None	None
Annual Out-of-Pocket Max Individual/Family	\$6,350/Individual \$12,700/Family		\$2,000/Individual \$4,000/Family	\$2,500/Individual Unlimited/Family
Member Co-Insurance	40%	N/A	N/A	N/A
Physician Services				
Primary Care	\$50 Copay*	Not Covered	\$40 Copay	Not Covered
Specialist Visits	\$100 Copay*	Not Covered	\$40 Copay	Not Covered
Preventive Care	No Copay*	Not Covered	No Copay	Not Covered
Hospital Services				
Inpatient Hospitalization	40%	Not Covered	\$500/Admit	\$500/Admit + 20% (Emergency Only)
Outpatient Surgery	40%	Not Covered	No Charge	20% (Emergency Only)
Diagnostic X-Ray & Lab				
X-Ray/Lab	40%*	Not Covered	No Charge	20% (Emergency Only)
Urgent and Emergency Care Visits				
Emergency Room	\$500 Copay + 40%		\$250/Admit (copay waived if admitted)	
Urgent Care	\$50 Copay*	Not Covered	\$25 Copay	\$25 Copay + 20%
Prescriptions (90 Day Supply)				
Deductible	None	None	None	None
Tier 1 (Generic)	\$10 Copay	\$10 Copay + Balance Bill	\$10 Copay	\$10 Copay + Balance Bill
Tier 2 (Preferred Brand)	\$75 Copay	\$75 Copay + Balance Bill	\$45 Copay	\$45 Copay + Balance Bill
Tier 3 (Non-Preferred Brand)	\$125 Copay	\$125 Copay + Balance Bill	\$60 Copay	\$60 Copay + Balance Bill
Tier 4 (Specialty)	50% up to 30-day supply	50% up to 30-day supply	\$10/\$45/\$60 Copay up to 30-day supply	Not Covered

Deductible does not apply to the services where the "" is notated. Deductible and Out-of-Pocket Maximum is on a calendar year basis.



Medical Coverage

The following chart summarizes the benefits for the medical EPO and PPO plans offered to all eligible employees. The EPO plan offer In-Network ONLY coverage, with the exception of prescription medications and Emergency only cases.


	California Plan		Liberty Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual/Family	None	None	None	None
Annual Out-of-Pocket Max Individual/Family	\$1,500/Individual \$3,000/Family	\$2,500/Individual Unlimited/Family	\$1,500/Individual \$3,000/Family	\$15,000/Individual Unlimited/Family
Member Co-Insurance	N/A	N/A	10%	30%
Physician Services				
Primary Care	\$25 Copay	\$40 Copay (Emergency Only)	\$30 Copay	30%
Specialist Visits	\$25 Copay	\$40 Copay (Emergency Only)	\$30 Copay	30%
Preventive Care	No Copay	Not Covered	No Copay	30%
Hospital Services				
Inpatient Hospitalization	No Charge	20% (Emergency Only)	No Charge	30%
Outpatient Surgery	No Charge	20% (Emergency Only)	No Charge	30%
Diagnostic X-Ray & Lab				
X-Ray/Lab	No Charge	20% (Emergency Only)	No Charge	30%
Urgent and Emergency Care Visits				
Emergency Room	\$250/Admit (copay waived if admitted)		10%	
Urgent Care	\$25 Copay	\$25 Copay + 20%	10%	30%
Prescriptions (90 Day Supply)				
Deductible	None	None	None	None
Tier 1 (Generic)	\$10 Copay	\$10 Copay + Balance Bill	\$10 Copay	\$10 Copay + Balance Bill
Tier 2 (Preferred Brand)	\$35 Copay	\$35 Copay + Balance Bill	\$35 Copay	\$35 Copay + Balance Bill
Tier 3 (Non-Preferred Brand)	\$45 Copay	\$45 Copay + Balance Bill	\$45 Copay	\$45 Copay + Balance Bill
Tier 4 (Specialty)	\$10/\$35/\$45 Copay up to 30-day supply	Not Covered	\$10/\$35/\$45 Copay up to 30-day supply	30% Up to 30-day supply

Deductible and Out-of-Pocket Maximum is on a calendar year basis.



Dental Coverage

The following chart summarizes the benefits for the Dental plan offered to all eligible employees.

 DELTA DENTAL®	Dental PPO Plan	
	In-Network (PPO & Premier)	Out-of-Network
Annual Deductible (Waived for In-Network Preventative)	\$50/Individual \$150/Family	\$100/Individual \$300/Family
Annual Maximum	\$1,000/Person	
Preventive & Diagnostic Services		
Oral Exam, X-rays, Cleanings	100%	80%
Basic Services		
Fillings, Simple Extractions	100%	80%
Periodontics (Gum Treatment)	100%	80%
Endodontics (Root Canals)	100%	80%
Major Services		
Crowns, Dentures, Bridges	60%	50%
Orthodontia – Lifetime Maximum		
Child/Adult Coverage	50% to \$1,000/Lifetime	

Deductible and Annual Maximum is on a calendar year basis.


Dental Preferred Provider Organization (DPPO):

- When visiting an out-of-network dentist, please remember that you are responsible for amounts in excess of charges above the allowable amounts. Out-of-network dentists are not contracted with the carriers; therefore, members may expect to pay more for utilizing a dentist outside of the network.
- A pre-determination of benefits is recommended for treatment plans that amount to \$300 or greater so you can make an informed decision.



Vision Coverage

The following chart summarizes the Vision benefits for the Vision plan offered to all eligible employees.

	Vision Plan VSP Signature Network	
	In-Network	Out-of-Network Reimbursement
Basic Eye Exam	\$10 Copay	Up to \$50
Lenses	Lenses (\$10 Copay for Materials)	
Single Vision	100% Coverage	Up to \$50
Bifocal	100% Coverage	Up to \$75
Trifocal	100% Coverage	Up to \$100
Contact Lenses (in lieu of lenses and frames)		
Elective	\$120 Allowance	Up to \$105
Frames		
Frames	\$120 Allowance	Up to \$70
Benefit Frequency		
Eye Exam	Every 12 Months	
Lenses	Every 12 Months	
Frames	Every 24 Months	



Basic Life / AD&D Coverage

Life insurance provides financial protection for your loved ones in case of your death. Accidental Death & Dismemberment (AD&D) coverage offers added protection if an accident causes loss of life, limbs, and/or senses.

Harris Farms, Inc. provides all active full-time employees (and your eligible dependents) with a basic life benefit. Additionally, employees are also provided with (AD&D) benefit through The Standard, free of cost to you!

Employer Provided Life Amount	Employer Provided AD&D Amount
1 times your annual earnings to \$50,000	1 times your annual earnings to \$50,000

Benefits reduces by:

- 35% at age 70
- 55% at age 75
- 70% at age 80
- 85% at age 85

Employer Provided Dependent Life	
Spouse/Registered Domestic Partner	\$10,000
Child(ren)—live birth to age 26	\$10,000

Beneficiary – Important Information: You must name a beneficiary for your life and AD&D benefits. Beneficiary changes can be done at any time during the plan year.



Voluntary Life/AD&D Coverage

Harris Farms, Inc. provides all active full-time employees with the option of purchasing additional Life and AD&D insurance for yourself, a spouse, and/or child(ren) through The Standard at low group rates! When you enroll yourself and your dependents in this benefit, you pay the full cost through post-tax payroll deductions. Please note that you may need to complete an evidence of insurability form if you elect an amount above the guaranteed issue or if you declined to enroll at your initial eligibility date.

	Employee	Spouse/Registered DP	Child(ren)
Coverage Increments	\$5,000	\$5,000	\$10,000
Guarantee Issue Amount	\$150,000	\$50,000	\$10,000
Maximum Amount	\$500,000	\$250,000	\$10,000

Your combined Basic Life and Additional Voluntary Life amounts cannot exceed a maximum of 7 times your annual earnings. The coverage amount for your spouse and child(ren) cannot exceed 100 percent of your additional Life Coverage

Rates for yourself and your spouse are based on your age; please refer to your voluntary life/AD&D enrollment kit for rates.

To estimate your insurance needs, you'll need to consider your unique circumstances. Use the online calculator at www.standard.com/life/needs.

To complete an online evidence of insurability form, visit www.standard.com/mhs.



Long Term Disability Coverage

Harris Farms, Inc. provides you with an employer paid Long Term Disability benefit through The Standard. For eligible employees meeting certain annual earnings requirements, this coverage provides financial assistance if you are unable to work for an extended period of time due to an illness or injury.

	Class 1 - Benefit Highlights
Class Definition	FT employee with Annual Earnings of \$80,000 or more per year
Coverage Amount	60% of Monthly Salary
Maximum Benefit	\$15,000 per Month
Own Occupation Period	To the end of Maximum Benefit Period
Elimination Period	90 Days
Benefit Duration	SSNRA – Social Security Normal Retirement Age
Pre-existing Conditions	90 day look back; 12 month exclusion of pre-existing condition found during the 90 day look back

	Class 2 - Benefit Highlights
Class Definition	FT employee with Annual Earnings less than \$80,000 per year and was insured under the prior plan prior to 2006
Coverage Amount	60% of Monthly Salary
Maximum Benefit	\$15,000 per Month
Own Occupation Period	24 Months
Elimination Period	90 Days
Benefit Duration	SSNRA – Social Security Normal Retirement Age
Pre-existing Conditions	90 day look back; 12 month exclusion of pre-existing condition found during the 90 day look back



Employee Assistance Program (EAP)

As an eligible employee, you and your dependents will receive confidential support, resources, and services designed to help with issues that may arise personally or professionally. The EAP through The Standard is provided at no cost to you, and your dependents (including children to age 26), and all household members. This benefit potentially includes up to three assessment and counseling sessions per issue (in person, on the phone, or by video). It can help you and your family deal with everyday challenges, including:

- Depression, grief loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation
- Referrals for education, adoption, travel, daily living and care for your pet, child or elderly loved one

Contact EAP at (888) 293-6948 or workhealthlife.com/Standard3 . EAP services are available 24 hours a day, seven days a week, by phone, online, live chat, email, and text. There's also a mobile EAP application!

Frequently Asked Questions

1. What is a Deductible?

A deductible is the amount of money you or your dependents must pay toward a health claim before your health plan makes any payments for covered health care services.

2. What is a Coinsurance?

Coinsurance is the percentage of costs you must pay and that which the health plan must pay.

3. What is Out-of-Pocket Maximum?

The maximum amount (deductible, copay, and coinsurance) that you will pay for covered expenses under a plan. Once the out-of-pocket maximum is reached, the plan will cover eligible expenses at 100%.

4. What is In-Network?

Typically refers to physicians, hospitals, or other health care providers who contract with the insurance plan (usually an HMO or PPO) to provide services to its members. Coverage for services received from in-network providers will typically be greater than for services received from out-of-network providers, depending on the plan.

5. What is a Copay?

A fixed amount (\$20, for example) you pay for a covered health care service at the time of service.

How to Find a Provider

Anthem Medical EPO/PPO

- Visit www.anthem.com/ca
- Click on “Find Care” located at the top right of the landing page
- You may Register or click on “Basic search as guest”
- Select “Medical Plan” for the type of plan you are searching for
- Select “California” for the state where the plan is offered
- Select Medical (Employer-Sponsored) for how you get health insurance
- Select “Prudent Buyer CA Only” for the plan/network
- Click on “Continue”
- Enter your search criteria at the top of the landing page and search

Delta Dental PPO

- Visit www.deltadentalins.com
- Click on “Find a dentist” located at the top of the landing page
- Enter the zip code for provider search
- Select a network (Delta Dental PPO or Delta Dental Premier)
- Click on “Find a Dentist”
- Click on “Refine Search” on the right of the landing page (Optional)

VSP Vision

- Visit www.vsp.com
- Click on “Find a Doctor” located at the top left of the landing page
- Click on “Advanced Search” on the right of the landing page, change the network to “Signature”, and apply filters
- Enter search criteria and search

Employee Premium Contributions

	Bi-Weekly Contributions		
	Employee Only	Employee + One	Employee + Two or more
Medical			
Bronze Plan	\$52.59	\$116.64	\$153.47
Ranch Plan	\$69.98	\$132.98	\$174.96
California Plan	\$77.12	\$145.92	\$192.02
Liberty Plan	\$78.61	\$150.28	\$200.01
Dental and Vision			
Dental PPO and Vision	\$5.00	\$8.30	\$16.00



Contact Information

Carrier	Coverage	Phone Number	E-mail/Website
Pinnacle (TPA for Anthem)	Medical EPO/PPO Claims & Eligibility		833-586-9733
Delta Dental	Dental	888-335-8227	www.deltadentalins.com
VSP	Vision	800-877-7195	www.vsp.com
The Standard	Life/AD&D	800-628-8600	www.standard.com
The Standard	Long Term Disability	800-368-2859	www.standard.com
The Standard	Employee Assistance Program (EAP)	888-293-6948	workhealthlife.com/Standard3
McInnes Group – Lisa Bigge	Broker – Medical	913-831-0999	lisa@mcinnesgroup.com
Liberty – Lina Juarez	Broker-Dental, Vision, Life, LTD, EAP	818-224-6194	ljuarez@libertycompany.com
Harris Farms, Inc. – Human Resources	All Coverages	559-772-7453 559-410-3105	vannesa.reyes@harrisranch.com crystal.leon@harrisranch.com





HARRIS[®] FARMS INC.

For illustrative purposes only. We believe that the information included herein is accurate, however, the carrier plan documents and contracts (including Summary Plan Descriptions) are controlling. The information provided is not intended to be an inclusive list of cost, benefits, policy provisions, limitations, or exclusions. Refer to the carrier's contract or summary plan description for a complete explanation. In addition, the company reserves the right to modify or terminate any benefit plans at any time.

LIBERTY