

2025



2025 EMPLOYEE
BENEFITS GUIDE

Aetna Medical Plan

All eligible employees regardless of location, may enroll in one of the Aetna Open Access Managed Choice POS (OAMC) Plan (PPO style plan). The Aetna OAMC POS plan provides access to the nationwide network of physicians and facilities and offer freedom of choice to visit providers both inside and outside the Aetna network.

Marin Benefits Debit MasterCard HRA

The medical debit MasterCard HRA is administered by Marin Benefits.

Please note that the medical debit MasterCard HRA can only be used for eligible medical expenses. Services such as dental and vision are not eligible expenses.

If you have any questions regarding your debit card please contact Marin Benefits at the number listed below.

Customer Service (415) 526-1401

www.marinbenefits.com



	Aetna 5500 PPO Plan:		
	Aetna PPO (Base Plan)	Base Plan with Funding In-Network	Out-of-Network
Employer HRA Funding		Debit MasterCard HRA	
Individual	N/A	\$5,100 - first dollars	N/A
Family	N/A	\$10,200 - first dollars	N/A
Deductible			
Individual	\$5,500	\$400	\$15,000
Family	\$11,000	\$800	\$30,000
Coinsurance (Plan pays after ded.)	70%	70%	50%
Physician Visits			
Office Visit	\$30 copay PCP / \$50 copay Spec after ded.	\$30 copay / \$50 copay Spec after ded.	50% after ded.
Preventative Care	\$0	\$0	50% after ded.
Well Baby	\$0	\$0	50% after ded.
Diagnostic Lab, X-Ray	30% after ded.	30% after ded.	50% after ded.
Complex Radiology	30% after ded.	30% after ded.	50% after ded.
Infertility Treatments ¹	Not Covered	Not Covered	Not Covered
Hearing Aids ²	Not Covered	Not Covered	Not Covered
Hospital Services			
Outpatient Surgery	30% after ded.	30% after ded.	50% after ded.
Inpatient Hospital	30% after ded.	30% after ded.	50% after ded.
Emergency Room	\$150 + 30% after ded.	\$150 + 30% after ded.	
Prescription Drugs			
Tier 1	\$5 after ded.	\$5 after ded.	Not Covered
Tier 2	\$40 after ded.	\$40 after ded.	Not Covered
Tier 3	\$60 after ded.	\$60 after ded.	Not Covered
Tier 4	30% up to \$250 max. after ded.	30% up to \$250 max. after ded.	Not Covered
Out-of-Pocket Maximum (includes deductible)			
Individual	\$8,300	\$3,200	\$26,500
Family	\$16,600	\$6,400	\$53,000
Group No.	170139		
Phone No.	888-982-3862		
Web	www.aetna.com		

¹ Please note that infertility treatment is not a covered benefit under the Aetna plan. Pacific Cheese will reimburse your first \$2000 of infertility costs. Please see HR for instructions on how to get reimbursement for infertility services.

² Please note that hearing aids are not a covered benefit under the Aetna plan. Pacific Cheese will reimburse your first \$2500 hearing aid costs. Please see HR for instructions on how to get reimbursement for hearing aid services.

Dental Insurance

Dental insurance coverage will be provided by Aetna Dental for all eligible employees and dependents. Dental PPO (DPO) benefits allow members to seek services from any Aetna participating provider or non-participating dentist you choose. Please keep in mind that DPO members will get the most benefits by utilizing a DPO provider, followed by a non-Aetna provider.

Dental	DPO (In-Network)	DPO (Out-of-Network)*
Preventative Care	100%	100%
Basic Care	90% after deductible	90% after deductible
Major Care	60% after deductible	60% after deductible
Deductible	\$50 Individual / \$150 Family	
Maximum Benefit	\$1,500 per calendar year (per member)	
Orthodontia (adult and child)	50% / \$1,500 lifetime maximum per person	
Group No.170139	www.aetna.com	

* OON reimbursement is based on the 90th percentile

Vision Insurance

Superior Vision by MetLife provides access to a broad network nationwide as well as retailers such as Wal-Mart Optical, Lens Crafters, Sears Optical, Pearle Vision and Sam's Club Optical. You have complete freedom to choose any provider. You can see a Superior Vision Network or a Non-Network Provider. However, if you use a Non-Network Provider you will pay more out of pocket. Using your vision benefit is easy. Simply make an appointment with the Superior Vision eye network provider. The provider verifies eligibility and takes care of all the necessary paperwork.

Benefit	In-Network	Out-of-Network
Office Visit / Examination (1x every 12 months)	\$15 copay	Plan pays up to \$40
Lens Replacement (1x every 12 months)	Plan pays 100%	Prices Vary
Frame Replacement (1x every 12 months)	Plan pays up to \$130	Plan pays up to \$62
Contact Lenses (1x every 12 months)		
Necessary	100%	Plan pays up to \$210
Elective	Plan pays up to \$130	Plan pays up to \$100
Group No. 35463	1-800-507-3800	www.superiorvision.com



Voluntary Accident Plan

Underwritten by Boston Mutual Life, this plan will pay you directly for unforeseen accidents and non-accident hospitalization. Some key plan features include:

- \$2,000 for accident related hospital admission
- \$500 for daily hospital confinement as a result of an accident
- \$100 for Wellness Screenings (for each covered family member)
- \$300 per day up to 30 days for non-accident related hospitalization. Note: pre-existing condition limitations apply.
- \$100,000 accidental death benefit

Accident Plan Pay Period Rates:

Employee Only	\$7.32
Employee + Spouse	\$13.72
Employee + Child(ren)	\$17.36
Employee + Family	\$23.76



Employee Assistance Program

Pacific Cheese offers an Employee Assistance Program (EAP) for all employees through Anthem Blue Cross Resource Advisor Employee Assistance Program. Plan highlights include:

- Free, confidential counseling and referral service (referrals for legal, financial, childcare & eldercare assistance).
- 3 Sessions per year of professional assessment for employees and family members.
- Issues commonly addressed include: relationships, family, financial and substance abuse.
- Behavioral experts are available 24 hours a day, seven days a week.

Anthem Blue Cross: ResourceAdvisor

1-888-209-7840 www.ResourceAdvisorCA.Anthem.com

Employees enrolled in the Blue Shield medical plan also have access to LifeReferrals, a secondary EAP offering support with personal counseling, legal assistance, financial coaching and identity theft resolution. 3 face to face visits are also included.

Life and Disability Insurance

Pacific Cheese offers Life / AD&D and Long Term Disability coverage for all eligible employees working 30+ hours per week. Short Term Disability is offered to all eligible Non-CA employees.

Anthem Blue Cross			
Life Insurance Employer Paid	Voluntary Life Insurance Employee Paid	Short Term Disability Employee Paid	Long Term Disability Employer Paid
Life benefit 1.5 x annual earnings to \$400,000 max	Employees may purchase additional life insurance coverage up to \$250,000. Spouse and child coverage also available.	(Non-CA employees only)	67% of monthly earnings to a maximum of \$10,000 per month. 90 day elimination period to age 65
AD&D benefit 1.5 x annual earnings to \$400,000 max		60% of weekly maximum earnings to a maximum of \$922 per week. 7 day waiting period. up to 12 week duration	

Group No. 277587

1-888-231-5032

www.anthem.com/ca

Flexible Savings Account - (provided by P&A Group)

Insurance Premium Account: Employee pay period premium contributions are automatically paid with pre-tax dollars.

Medical Spending Account: The 2025 maximum annual limits you can contribute to pay for qualified health care expenses (i.e. office visit copays, prescriptions, glasses, dental expenses, etc.) is \$3,300. This plan also has a \$660 carryover feature. Participants have the opportunity at the end of the plan year to carryover unused funds up to the IRS maximum of \$660 to the next plan year by the end of the run out period, March 31st. All claims from the previous plan year need to be submitted prior to the 3/31 carry forward date.

Dependent/Elder Care Spending Account: You can elect to put aside up to the IRS limit of \$5,000 tax free per year (\$2,500 if filing separately from spouse) for dependent care expenses.

Elections for these plans are required once a year and, once the election is made, it is irrevocable.

Visit website to create your login

1-800-688-2611

www.padmin.com

Commuter Benefit available to California Employees provided by Navia Benefit Solutions:

This benefit allows you to pay for qualified transportation costs to and from work on a pre-tax basis. The 2025 maximum monthly contribution for qualified mass transit and vanpools is \$325.

www.naviabenefits.com / **company code: PCF**

Retirement Savings - 401k (ADP)

Pacific Cheese offers eligible employees the opportunity to plan for retirement through participation in a 401(k) plan. The annual limit for 2024* is \$22,500; for employees 50 years or older, the annual limit is \$30,000. Please see HR for details regarding your investment options.

Visit website to create your login

1-866-695-7526

www.mykplan.com

*Limits shown are for 2024. The IRS has not published the 2025 limits.

Employee Pay Period Contributions

	Medical Aetna	Dental Aetna	Superior Vision	Life/AD&D & Long Term Disability Anthem	Voluntary Life
Employee Only	\$82.68	\$5.45	\$0.99	Pacific Cheese pays 100% of the premium cost	Employee pays 100% of the premium cost
Employee + Spouse	\$238.15	\$12.74	\$2.01		
Employee + Child(ren)	\$173.66	\$13.05	\$2.13		
Employee + Family	\$302.67	\$21.04	\$3.20		

Eligibility Requirements

All full-time employees of Pacific Cheese, working an average of 30 hours or more per week, are eligible to participate in the Pacific Cheese Benefits Program effective the first of the month following 30 days from their date of hire. Eligible dependents include your legal spouse or legally registered qualified domestic partner (CA only) and dependent children up to age 26 (natural, adopted, stepchildren or registered domestic partner children (CA only)).

Each year during Open Enrollment, you will have the opportunity to make changes to your benefit plan elections such as adding or deleting your spouse and dependents and changing health plans. The changes you make during the open enrollment period will remain in effect throughout the next plan year beginning January 1st. During the plan year, you make changes to your benefit elections only when you have a “qualifying event”. A qualifying event allows you to add or remove dependents from your plan within 31 days of the qualifying event. Some types of qualifying events include: Marriage, Divorce, Birth or Adoption, Death and Loss of Coverage. If you experience a qualifying event after open enrollment, you must notify Human Resources within 31 days in order to make any plan changes.

This summary is not intended to provide a complete plan description. If there is an actual or apparent conflict between this benefit summary or the Evidence of Coverage (EOC) booklet and the official plan documents, the provisions of the EOC prevail.

IMPORTANT All official documents relating to the Pacific Cheese Employee Benefits Program, including the Summary Plan Descriptions, HIPAA Privacy Notice, Initial COBRA Notice, Medicare Part D Notice and any other relevant Plan Documents or Notices, are available electronically through the Pacific Cheese benefits website.

You may also receive a paper copy of any of the documents by contacting HR.

If you have questions or unresolved issues after contacting member services at one of our insurance providers, you are welcome to contact our Filice Insurance Agency Service Representative Araceli Cosio. She will answer any questions you may have concerning your employee benefits, claim problems and administrative issues.

Visit your benefits website for further explanation of benefits at - mybenefits.cc/pacificcheese

User: pc | Password: benefits



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