

WHAT IS OPEN ENROLLMENT



Note that a midyear decision that these benefits may be more than you are comfortable paying for is not an IRS permitted Qualifying Event.

This is the time each year to:

- Enroll in plans not previously elected
- Change medical plans
- Add / Remove dependents

But.....plan carefully!

You won't be allowed to make changes until this time next year. (except for certain 'qualifying' events)

Qualifying Events include:

- Marriage / Divorce
- Change in Employment Status
- Birth / Adoption

You only have 31 days to make changes following the 'qualifying' event.

Open Enrollment begins Wednesday Nov 6th and ends Friday November 22nd

DEPENDENT ELIGIBILITY



Who is an eligible Dependent?

- Your Legal Spouse
- Your Legally registered Domestic Partner (CA only)
- Your children under age 26, including your natural children, legally adopted children, children placed for adoption, stepchildren residing with you and any other children supported solely by you and permanently residing with you, provided you are their legal guardian or you claim the children as dependents for federal income tax purposes

Please Note!

PLEASE NOTE, IF YOU DO NOT PROVIDE THE REQUIRED DOCUMENTATION WHEN REQUESTED DURING AN AUDIT YOUR DEPENDENTS WILL BE REMOVED FROM OUR BENEFIT PLANS.

Examples of who is <u>NOT</u> an Eligible Dependent

- A Divorced spouse
- Your mother or father
- Your "friend"

WHAT'S NEW FOR 2025

MEDICAL

- Your pre-loaded Master Card Debit Card amount to pay your first dollar eligible deductible medical expenses will increase as follows:
 - √\$4,100 to \$5,100 employee only coverage
 - ✓\$8,200 to \$10,200 employees covering dependents

■ There is no change to the current \$5,500 deductible. Your coinsurance responsibility for services other than office visits and prescription copays after your deductible has been satisfied will increase from 20% to 30%.

WHAT'S NEW FOR 2025

MEDICAL

- In-network out of pocket limits (inclusive of Debit Card funding) will increase as follows:
 - √\$2,450 to \$3,200 for individual and family member coverage
 - √\$4,900 to \$6,400 for family coverage
- Prescription copays after the \$5,500 deductible has been met:
 - ✓ Current Rx: Generic (\$10), Formulary Brand (\$30), Non-Formulary Brand (\$50), Specialty Drugs 30% up to \$250
 - ✓2025 Rx: Generic (\$5), Formulary Brand (\$40), Non-Formulary Brand (\$60), Specialty Drugs 30% up to \$250

MEDICAL BENEFITS PROGRAM



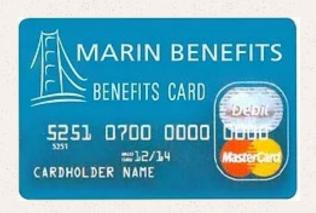


MEDICAL BENEFITS PROGRAM

Single employees will receive a pre-loaded \$5,100 debit card

Employees covering dependents will receive a pre-loaded \$10,200 debit card

Use your debit card to pay your first dollar medical expenses...



Reminder:

 Unused 2024 debit card funds do not rollover to the 2025 plan year.

MEDICAL BENEFITS PROGRAM



PREFERRED PROVIDER PLANS (PPO)	without Funding		with Funding	
	In Network	Out of	In Network	Out of
		Network		Network
Employer HRA Funding				
Individual	-	/A		100
Family	N	/A	\$10	,200
Deductible				
Individual	\$5,500	\$15,000	\$400	\$15,000
Family	\$11,000	\$30,000	\$800	\$30,000
Coinsurance (Plan pays after ded)	70%	50%	70%	50%
Out-of-Pocket Maximum				
Individual	\$8,300	\$26,500	\$3,200	\$26,500
Individual Family Member				
Family	\$16,600	\$53,000	\$6,400	\$53,000
Physician Visits				:
Office Visits (PCP/SPEC)	\$30/\$50 after deductible	50% after ded	\$30/\$50 after deductible	50% after ded
Lab, X-Ray	30% after ded	50% after ded	30% after ded	50% after ded
Well Baby	No Charge	50% after ded	No Charge	50% after ded
Preventive	No Charge	50% after ded	No Charge	50% after ded
Urgent Care	\$50 after deductible	50% after ded	\$50 after deductible	50% after ded
Hospital Services				
Outpatient Surgery		50% after ded		50% after ded
Inpatient Hospital	30% after ded	50% after ded	30% after ded	50% after ded
Emergency Room	\$150 + 30% after ded		\$150 + 309	% after ded
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited

PRESCRIPTION BENEFITS PROGRAM

Prescription Drugs	After \$5500 Deductible
Generic	\$5
Brand Formulary	\$40
Brand Non-Formulary	\$60
Specialty Drugs	30% up to \$250



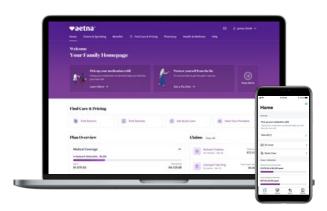
Aetna.com

Take charge of your health care

with the Aetna® member website and the Aetna Health™ app

Find everything you need, all in one place

Set up your account to manage your benefits and more at home or on the go.





Download the Aetna Health app

Just visit Aetna.com to create an account and log in to your member website.

App screens are a composite of real situations.
All names and other identifying information are fictional.

A smarter, simpler, more convenient way to take charge of your health care and benefits



Manage your plan

- Check your plan summary for detailed information on what's covered by your plan.
- Track your spending and understand your progress toward meeting your individual and family deductibles.
- Easily access your digital ID card anytime.



Connect to care

- Use tools to help you choose quality, in-network and local providers, pharmacies and facilities, including convenient retail clinics and urgent care.
- Get cost estimates for visits and procedures before getting care.
- Talk to a doctor anytime by phone or video chat from home.



View claims

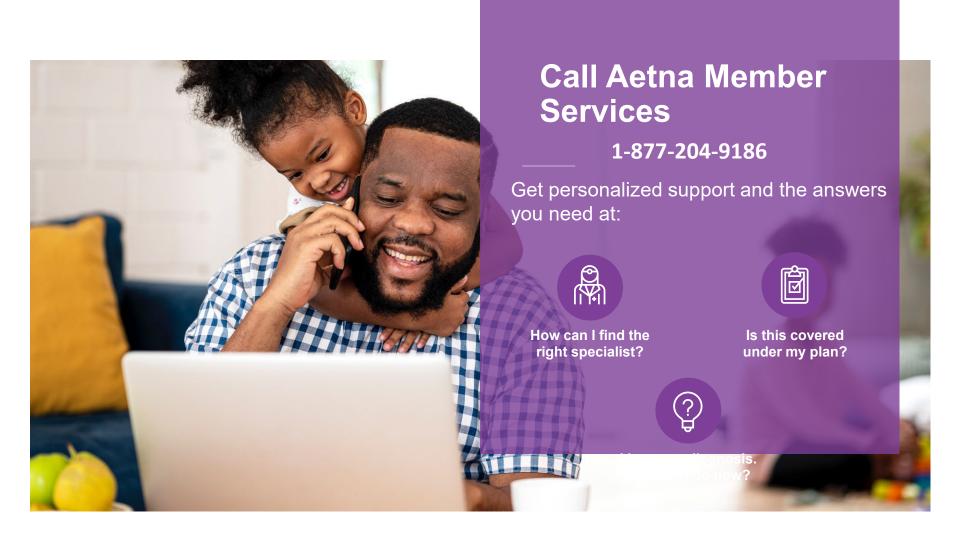
- Check up to two years of claims for your whole family.
- Pay claims.



Improve your health

 Receive personalized reminders to improve your health.







24-Hour Nurse Line 800-556-1555

Health information is a phone call away

- Get information on a wide range of health and wellness topics
- Make better health care decisions
- Find out more about a medical test or procedure
- Get help preparing for a visit to your doctor
- Receive emails with links to videos that relate to your question or topic







Access to quality care at your fingertips

General Medical \$56 or less/visit

Talk to a licensed doctor for non-emergency conditions 24/7 Flu . Sinus infections . Sore throats . And more

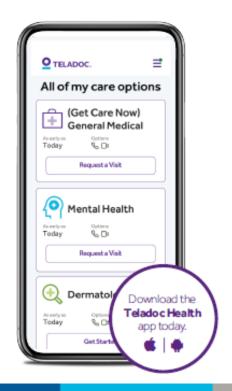
Mental Health

\$90 or less/therapist visit \$215 or less/ psychiatrist first visit \$100 or less/ psychiatrist ongoing visit

Talk to a therapist 7 days aweek (7 a.m. to 9 p.m. local time)

Dermatology \$85 or less / consult

Upload images of a skin issue online and get a custom treatment plan within two days Eczema • Acne • Rashes • And more



Set up your account or log in today

Visit Teladoc.com/Aetna

Call 1-855-TELADOC (835-2362) | Download the app € | ●

Less than an urgent care/ER visit, your cost is never more than a doctor visit!



CVS[®] HealthHUB[™] locations

A convenient and affordable option to help get you on the path to better health.

Convenient

Open every day, including nights and weekends. Get the care you need on your schedule.

Affordable

Just use your Aetna® benefits and get care.

MinuteClinic® services

- · Minor illnesses and injuries
- · Skin conditions
- · Wellness and physicals
- · Screenings and monitoring
- · Vaccinations and injections
- Travel health
- · Women's and men's health services
- Obstructive sleep apnea* screening assessment and diagnosis
- · Point of care lab testing

Expanded MinuteClinic services available**

- Support managing certain chronic conditions like diabetes, sleep apnea, high cholesterol and more
- Diabetic services like diabetic retinopathy screening and imaging***
- · Lifestyle support for heart health
- · Pelvic exams, STI testing and more
- Colorectal risk assessment
- Chickenpox vaccination (Varivax[®])



Your local MinuteClinic may now be a CVS HealthHUB.

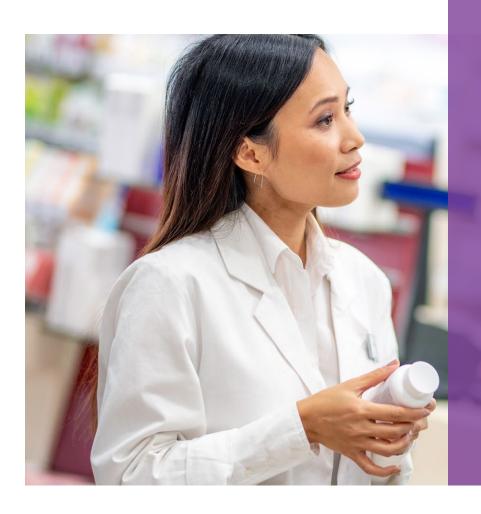
Visit CVS.com/HealthHUB to find a location near you.



^{*} Sleep apnea screening performed by MinuteClinic. Your MinuteClinic provider may prescribe a home sleep test, sleep test interpretation and diagnosis by an independent third-party.

^{**} Clinical services provided by a MinuteClinic nurse practitioner or physician assistant within a CVS HealthHUB location.

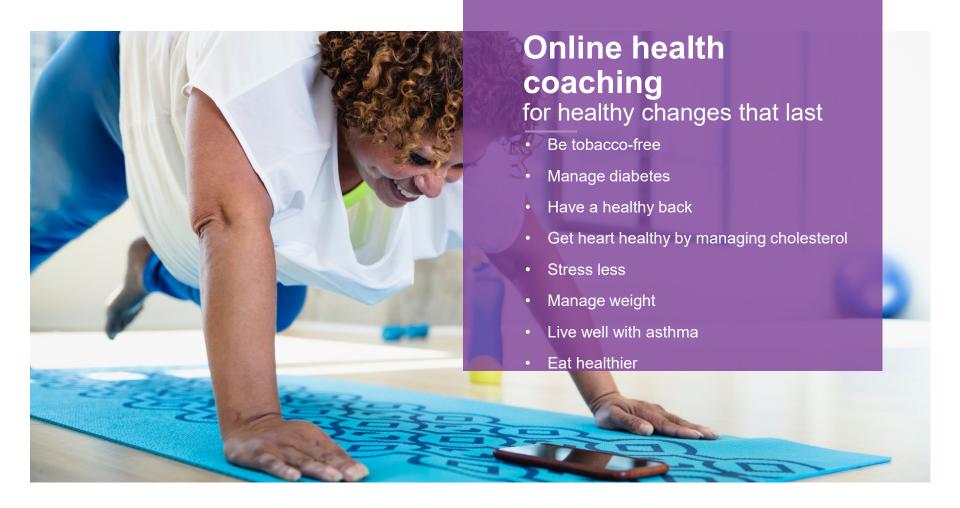
^{***}Diabetic retinopathy diagnosis by an independent provider.



Make the most of your pharmacy benefits

- · First, see what's covered under your plan at AetnaPharmacy.com/advancedcontrol
- Some drugs need approval for coverage. Or your doctor may need to prescribe another drug first for coverage (step therapy)
- After your effective date, you can log in to Aetna.com and check your drug coverage and compare costs.
- Get the best coverage when you use a network pharmacy and fill the maximum amount allowed by your plan. This is usually a 90-day supply.
- If you need help, just call us at the toll-free number on your ID card.







Count on savings with the Aetna® Discount Program*

- Fitness
- Books
- Natural products and services
- Oral health
- Hearing
- Weight management
- Vision
- · At-home products



*Discount programs are NOT insurance and program features are not guaranteed under the plan contract and may be discontinued at any time. Discount programs are separate charge to access such programs. Discount programs are NOT available to New York policyholders.



- 1. Log on to: http://www.aetna.com
- 2. Continue as a guest and enter required fields.

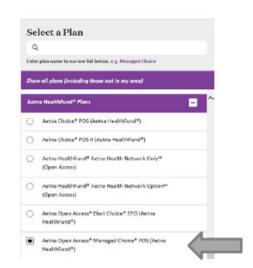
aetna:



Find the Right Aetna
Doctor or Facility

- 3. Select "Aetna HealthFund Plans"
- 4. Then select "Aetna Open Access Managed Choice POS (Aetna Healthfund)"



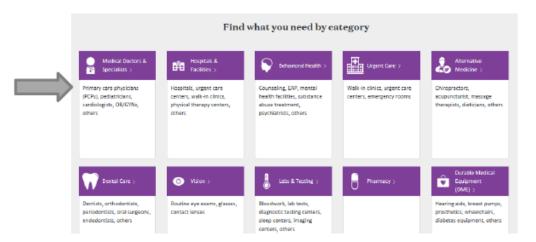




Aetna Open Access Managed

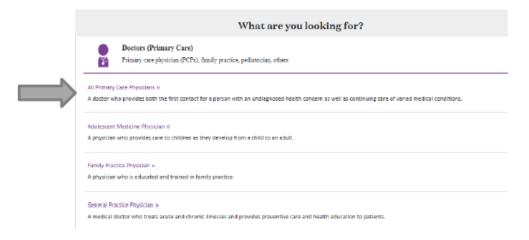
Choice POS (Aetna HealthFund)

5. Click "Medical Doctors & Specialists"



Find the Right Aetna
Doctor or Facility

6. Click "All Primary Care Physicians" and the provider listing will appear.









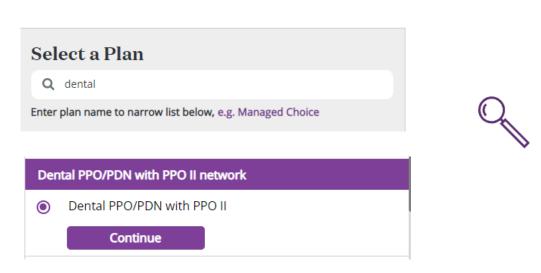
What to do	How it works
Dentists	No Primary Care dentist selection is required.
Referral	Referrals are not needed to see a specialist.
Preferred	 When you access care from a preferred dentist you receive preferred benefits. Your dental provider will submit claims for you.
Non-Preferred	When you access care from a non-preferred dentist you receive non-preferred benefits, at recognized charges.

Dental Benefits you can sink your teeth into

Plan Option	Dental PPO (DPO) (All Locations)	
Provider Network	In Network Out of Network	
Annual Deductible (Individual/Family)	\$50 / \$150	
Annual Benefit Max. per Covered Individual	\$1,500	
Preventive Services	100% (deductible waived)	
Basic Services	90%	90%
Major Services	60%	60%
Orthodontic Services	50%	
Orthodontic Benefit per Covered Individual (Lifetime Maximum)	\$1,500	

How to look up an Aetna Dental Provider

- Log on to: https://www.aetna.com/docfind
- ➤ Quick Links: Find a Doctor (Guests > Plan from an employer)
- > Enter location under "Continue as a guest"
- ➤ Enter "Dental" under Select a Plan
 - ➤ Select "Dental PPO/PDN with PPO II and Extend"





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:

- \$2000 for accident related hospital admission
- \$500 for daily hospital confinement as a result of an accident
- \$100 for Wellness Screenings (for each family member)
- \$300/day up to 30 days for <u>non-accident</u> related hospitalization. Note pre-existing condition limitations apply.
- \$100,000 accidental death benefit
- Pay Period Rates: (employee only) \$7.32, (employee + spouse) \$13.72, (employee + child(ren)) \$17.36, (family) \$23.76
- Employee only annual premium \$192.32 \$100.00 wellness screening = \$92.32

Basic Life Insurance

Provided to all eligible Non-Executive employees working at least 30 hours per week.

Benefit is 1.5 times annual salary to a maximum of \$400,000. Premium is paid by Pacific Cheese

Life Insurance protects your family if something should happen to you, but we also offer the following resources:



Resource Advisor: counseling when you need it



Emergency travel assistance



Living Benefits: early benefits payment for terminal illness



Accidental injury or death benefits



Support for your surviving beneficiary



Identity theft victim recovery services



Optional Life Insurance

You may purchase coverage in increments of \$10,000 up to \$250,000 or 5X annual earnings, whichever is less. Rates can be found on the benefit summary page of your enrollment book.

Example: 30-year employee elects \$100,000 – rate is \$0.09 per \$1,000. Calculation would be $$0.09 \times 100 = 9.00 per month

You may also purchase coverage for your dependents:

Spouse: Increments of \$5,000 up to \$50,000

Child(ren): Increments of \$2,000 up to \$10,000 (Coverage begins at 15 days from birth. Children are eligible until they reach age 26.)

Dependents' coverage may not exceed 50% of the employee's benefit amount.

Please note that any open enrollment amounts elected will require an Evidence of Insurability (EoI) Form to be approved by Anthem Blue Cross.







Short-Term (Non-CA): 60% of weekly earnings to a maximum weekly benefit of \$922. Elimination Period: 7 days Maximum benefit period is 12 weeks Long-Term: 67% of monthly earnings up to a maximum monthly benefit of \$10,000. Elimination Period: 90 days

- With short-term disability, you get a temporary benefit if you can't work because of an accident, illness or pregnancy.
- Long-term disability is there for you when you get a more serious injury or illness and can't work for a long time
- Both offer services to help you manage your condition and recover as quickly as possible.



Anthem Life: Resource Advisor

Resource Advisor includes access to:

Counseling

Emotional, legal, financial and grief counseling

Online services and tools

Wills, living wills, legal library, financial calculators and web resources

Work/life resources

Child care, elder care, college locators

Identity theft victim recovery services

Unlimited fraud resolution and recovery services Free legal and financial consultations 12 months of identity monitoring



Assists with immediate tasks so they can focus on the grieving process: i.e., death certificates, notifying 3rd parties, closing accounts

Healing Book



Anthem Life: Travel Assistance

Provides you and your dependents with resources and information when traveling 100+ miles from home in the U.S. or abroad

Services Provided

- Emergency medical assistance
 - Locating doctors, dentists and hospitals
 - Coordinating a transfer
 - Returning children and traveling companions home
 - Arranging bedside visits
 - Repatriation services
- Emergency cash advances for medical payments, legal assistance or bail (reimbursed by member)
- Pre-departure information
 - Passport and immunization requirements
 - Travel advisories

 (i.e., unsafe travel areas)





SUPERIOR NETWORK SUPERIOR CH

- You can use your full vision benefit and full allowance at ANY of our network providers—without exceptions, limitations or reductions
- Consumers can save 40% or more on eyeglasses by shopping...at discount retailers1



















JCPenney | optical



























SUPERIOR SOLUTIONS

$\qquad \qquad \Longrightarrow \qquad$	Co-Pays	
	Exam	\$15
	Materials	\$ 0
	Contact Lens Fitting	\$30

Services/Frequency	(based on date of service)
Exam	12 months
Frame	12 months
Contact Lens	12 months
Fitting Lenses	12 months
Contact Lenses	12 months

Exam (Ophthalmologist) Exam (Optometrist)
Frames
Contact Lens Fitting (standard) Contact Lens Fitting (specialty¹) Lenses (standard) per pair
Single Vision
Bifocal
Trifocal

Polycarbonate for dependent children

Progressive

Lenticular

Contact Lenses²

In-Network	Out-of-Network
Covered in full	Up to \$40 retail
Covered in full	Up to \$30 retail
\$130 retail allowance	Up to \$62 retail
Covered in full	Not covered
\$50 retail allowance	Not covered
•	
Covered in full	Up to \$32 retail Up to
Covered in full	\$42 retail Up to \$58
Covered in full	retail Up to \$58 retail
Up to provider's lined trifocal	Up to \$42
level Covered in full	Up to \$95 retail
Covered in full	Not Covered

\$130 retail allowance

Up to \$100 retail

¹The specialty contact lens fitting is for new contact lens wearers and/or a member who wears toric, gas permeable or multifocal lenses. ²Contact lenses are in lieu of eyeglass lenses and frame benefit.



Discounts on Covered Materials

Frames: 20% off amount over allowance

Lens options: 20% off retail

Progressives: 20% off amount over retail lined trifocal lens,

including lens options

Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses: 30% off retail
Lens options, contacts, other prescription materials: 20% off retail

Disposable contact lenses: 10% off retail

Maximum Member Out-of-Pocket

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive)

lenses.

8	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradient	ts \$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromic	\$80	20% off retail

Laser Vision Correction (LASIK)

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members discounts ranging from 15% to 50%.

Look for providers in the online Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10% to 30%) prior to service as they vary. Discounts and maximums may vary by lens type—please chick with your provider. The Plan discount features are not insurance. Discounts are subject to change without notice.



SuperiorVision.com

Customer Service

800.507.3800 contactus@superiorvision.com

M-F 7am-8pm Central Time
Sat 10am-3:30pm Central Time





HEALTH CARE AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

Pacific Cheese provides you the opportunity to pay for outof-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts (FSAs).

- ➤ You can save approximately 25 percent of each dollar spent on these expenses when you participate in a FSA.
- ➤ A Health Care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents.
- ➤ A Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents while you and your spouse work.

HEALTH CARE AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

Contributions to your FSA come out of your paycheck before any taxes are taken out.

You don't pay federal income tax, Social Security taxes and state and local income taxes on the portion of your paycheck that you contribution to your FSA.

You should contribute the amount of money that you expect to pay out-ofpocket for eligible expenses for the plan period.

If you do not use the money that you contributed, it will not be refunded to you or carried forward to a future plan year. This is the "use-it-or-lose-it rule."

Remember that Pacific Cheese contributes \$5,100 single / \$10,200 family towards your medical HRA to pay for your first dollar medical expense.

HEALTH CARE AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

- ➤ Health Care Flexible Spending account maximum for 2025 is \$3,300.
- ➤ You are allowed to carryover up to \$640 of unused 2024 FSA Health Care Account funds to the 2025 Plan Year.
- ➤ You will be allowed to carryover up to \$660 of unused 2025 FSA Health Care Account funds to the 2026 Plan Year.
- ➤ The maximum that you can contribute to the Dependent Care Flexible Spending account is \$5,000, if you are a single employee or married filing jointly, or \$2,500, if you are married and filing separately.

HEALTH CARE AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

- ➤ Please note there is a minimum contribution of \$200 for both the Flexible Spending Health Care and Dependent Care Accounts.
- ▼ If you currently have an FSA card, save it and 2024 funds up to \$640 will automatically roll over to 2025.
- ▼ Employees can sign-up for a debit card to pay for FSA eligible purchases. Be sure to SAVE ALL RECIEPTS!
 - The IRS and/or P&A Administrators may require you to submit documentation of an eligible expense.

COMMUTER BENEFITS

- Provided by Navia Benefit Solutions
- ➤ Use pre-tax dollars to pay for qualified parking and mass transit and van pool expenses for commuting to and from work.
- ➤ In 2025, the maximum that you can contribute to the commuter account will be \$325 per month for parking and \$325 for transit/van pool expenses.

401(K) BENEFITS



- Must be 18 years of age and worked 12 months of service to be eligible.
- ➤ Employer Contributions equal to \$0.25 for each \$1.00 that you defer, up to a maximum deferral of 6% of your compensation (discretionary on an annual basis).

401(K) BENEFITS (CONTINUED)



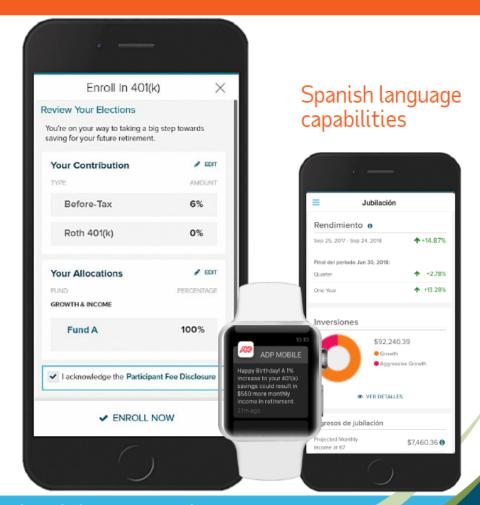
- ➤ Eligible employees will automatically be enrolled at 3% at the time of eligibility and the employee contribution rate will automatically increase 1% every year until you reach 6%.
- If your current contribution rate is less than 6%, your contribution rate will automatically increase by 1% each year.
- If your like to turn off the auto contribution increase or enrollment, please call ADP Retirement Services at 1-866-695-7526 or log onto your ADP account or visit www.mykplan.com



Mobile enrollment

Employees are able to:

- Set their contribution amount for both traditional and Roth 401(k) contributions
- Determine their investment allocations by selecting among the different investment funds within each asset category
- Review the Participant Fee Disclosure
- Submit their information and complete the enrollment process



Participants can conveniently view their account and get messages to help them with their retirement planning.

WHAT DOES IT ALL COST - 2025

Coverage Level	2025 Monthly Premium Rates	Pacific Cheese Pays per month	Employee Pays per Month	Employee Bi-weekly contribution		
Aetna Medical PPO						
Employee Only	\$524.15	\$345.01	\$179.14	\$82.68		
Emp. + Spouse	\$1,153.12	\$637.13	\$515.99	\$238.15		
Emp. + Child (ren)	\$943.45	\$567.19	\$376.26	\$173.66		
Emp. + Family	\$1,624.85	\$969.06	\$655.79	\$302.67		

The above 2025 Premium Rates do not include Pacific Cheese paid contributions to employees' Master Card Debit Card medical deductible payments.

WHAT DOES IT ALL COST - 2025

Coverage Level	2025 Monthly Premium Rates	Pacific Cheese Pays per month	Employee Pays per Month	Employee Bi weekly contribution
Aetna Dental				
Employee Only	\$41.68	\$29.88	\$11.80	\$5.45
Emp. + Spouse	\$81.23	\$53.62	\$27.61	\$12.74
Emp. + Child (ren)	\$83.18	\$54.91	\$28.27	\$13.05
Emp. + Family	\$134.09	\$88.50	\$45.59	\$21.04

WHAT DOES IT ALL COST - 2025

Coverage Level	2025 Monthly Premium Rates	Pacific Cheese Pays per month	Employee Pays per Month	Employee Bi weekly contribution
Superior Vision				
Employee Only	\$8.56	\$6.41	\$2.15	\$0.99
Emp. + Spouse	\$14.56	\$10.20	\$4.36	\$2.01
Emp. + Child (ren)	\$15.41	\$10.79	\$4.62	\$2.13
Emp. + Family	\$23.12	\$16.19	\$6.93	\$3.20

WHAT DO I HAVE TO DO?

Make all your 2025 elections on ADP Self Service no later than Friday November 22nd.

Log on your ADP Benefits site to confirm your selections, decline or make changes, and enroll in FSA/Dependent Care.

For the Voluntary Accident Plan, if not already enrolled, you will be asked to complete an enrollment form.

WHAT DO I HAVE TO DO?

Please note this is a "Passive" enrollment. All current Medical, Dental, Vision and Voluntary Life Insurance enrollments will automatically roll over to 2025 except current 2024 FSA Plan.

If you are currently enrolled in the 2024 FSA, you must re-enroll on the 2025 FSA Plan in order to continue your FSA benefits.

NEED ADDITIONAL HELP?

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

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

User: pc | Password: benefits



Araceli Cosio Ivette Guzman

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Phone: 408.350.8419 408.350.5788

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REMINDER

ALL ELECTIONS MUST BE MADE BY 5:00 p.m. On Friday November 22nd, 2024

If you have questions or need assistance contact:

Your Human Resources Department

ANY QUESTIONS?

