WENTE FAMILY ESTATES HEALTH REIMBURSEMENT ARRANGEMENT

SUMMARY PLAN DESCRIPTION

FOREIGN LANGUAGE ASSISTANCE NOTICE

Spanish:
Este folleto contiene un resumen en inglés de los derechos y beneficios de su plan bajo su Programa de Beneficio Social. Si encuentra alguna dificultad para entender cualquier parte de este folleto, póngase en contacto con su Administrador(a) del Plan. Para mayor información, por favor póngase en contacto con: (925) 456-2293

WENTE FAMILY ESTATES
HEALTH REIMBURSEMENT ARRANGEMENT

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WENTE FAMILY ESTATES
HEALTH REIMBURSEMENT ARRANGEMENT
SUMMARY PLAN DESCRIPTION

This document, along with any other applicable benefit descriptions, is the summary plan description ("SPD") for the Health Reimbursement Arrangement ("HRA") of Wente Family Estates (the "Employer"). This document describes the HRA as in effect on May 01, 1995. The HRA allows eligible employees and their spouse and dependents, if applicable, to obtain reimbursement of certain medical care expenses which are covered under the Employer's Kaiser Permanente Deductible HMO Plan with HRA plan. It is funded solely by the Employer and reimburses qualified Medical Care expenses of a Participant and his or her Dependents, up to a maximum amount established by the Employer. HRA Benefit Amount information can be found in Appendix B.

Participants are not permitted to make either pre-tax or post-tax contributions to their HRA Accounts.

Because the benefits you receive will be of importance to you and your family, you should retain this SPD as part of your permanent records. However, remember that it is only a summary. The SPD summarizes who is eligible for benefits and the nature of the benefits available. The SPD does not change the provisions of any benefit plan documents or any legal instrument related to the creation, operation, funding, or benefit payment obligations of the HRA.

For additional information, you should contact Human Resources Advisor at (925) 456-2293 or refer to the HRA plan document. Copies of the document are available from the Plan Administrator on request. If the terms of this SPD conflict with the plan document, the HRA plan document shall govern.

GENERAL PLAN INFORMATION

Type of Plan:	Health Reimbursement Account (HRA)
Plan Number:	501
Plan Year:	The Plan Year is the twelve month period ending December 31.
Plan Sponsor:	Wente Family Estates (the "Employer") 5565 Tesla Road Livermore, California 94550 (925) 456-2300 For a list of Participating Employers, please refer to Appendix A.
Plan Sponsor's Employer Identification Number:	94-1051349

Plan Administrator:	Wente Family Estates 5565 Tesla Road Livermore, California 94550 (925) 456-2300
Agent for Service of Legal Process:	Wente Family Estates 5565 Tesla Road Livermore, California 94550 (925) 456-2300 Service of legal process may also be made upon the Plan Administrator.
Claims Administrator:	Kaiser Permanente (800) 464-4000

ELIGIBILITY AND BENEFITS

This HRA is offered in conjunction with the Kaiser Permanente Deductible HMO Plan with HRA plan. The determination of an Employee's eligibility to become and continue as a Participant in the HRA shall be made by the Plan Administrator based on the Plan Administrator's records. For purposes of this HRA, the term "Spouse" means an individual who is recognized as a Participant's spouse under federal tax law. The term "Dependent" means the Participant's child(ren) if under age 27 as of the end of the taxable year. The Plan Administrator's eligibility determination shall be binding and conclusive. An Employee is eligible to participate in this HRA as follows:

Health Reimbursement Account (HRA)	
Funding Medium	**Self-Insured** – The benefit is self-insured; contributions are made by the Employer.
Eligibility	Generally, employees who work an average of 30 hour(s) per week. Spouse Dependent/Child Domestic Partner The above Participants must be enrolled in the Kaiser Permanente Deductible HMO Plan with HRA plan.
Employees Excluded from Coverage	Not Applicable
Waiting Period	An Employee who has completed 30 consecutive calendar days of service with the Employer (the "Waiting Period") is eligible to participate.
Effective Date of Coverage	Plan coverage begins on the first day of the calendar month after the end of the Waiting Period.
Coverage Termination	Plan coverage will terminate at the end of the month in which the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions.

Prior to the beginning of each plan year, the Employer will determine the amount it will credit to each Participant's HRA Account for the Plan Year. The amount credited by the Employer may vary year to year. This amount may be prorated by the Employer on a monthly basis or if a Participant is not employed by the Employer for the entire Plan Year. Amounts credited to an HRA Account are available to pay eligible Medical Care expenses.

The Plan Administrator will inform Participants of the yearly maximum dollar limit for reimbursements from the Participant's HRA Account. That amount may be changed by the Plan Administrator at any time, and any such changes shall be communicated to Participants.

Total reimbursements are limited to the amount currently credited to a Participant in his or her HRA Account. Under limited circumstances, amounts remaining in a Participant's account at the end of the year may be available to reimburse medical care expenses incurred during future years. See Appendix B for Account Benefit Rollover information.

ENROLLING IN THE PLAN

To enroll in the HRA, an eligible Employee must complete and execute any enrollment form required by the Plan Administrator by the applicable deadline. Coverage will be effective as soon as administratively possible after the completed enrollment form is received by the Plan Administrator.

Notwithstanding the above, if required by the Internal Revenue Service, each eligible Employee must be given the opportunity to opt out of the HRA and waive future benefits at least annually and, upon termination of employment, to waive any future reimbursements from the HRA.

REIMBURSEMENT RULES

The HRA will reimburse you for eligible "Medical Care" expenses, as defined by the Plan Administrator and in accordance with Code Section 213(d). Medical Care expenses may include: payments for medical services rendered by physicians, surgeons, dentists, and other medical practitioners; the costs of equipment, supplies, and diagnostic devices; the amounts you pay for transportation to get medical care; and health insurance co-pays and deductibles.

However, Medical Care expenses do not include amounts incurred for any medicine or drug (other than insulin) that is not "prescribed" within the meaning of Code Section 106(f); individual health insurance premiums for major medical coverage; or Medical Care expenses that have already been reimbursed, or are eligible to be reimbursed, by insurance or otherwise, among other exclusions.

In general, to receive reimbursement for Medical Care expenses, the expense must:

- Be submitted through a written application by the Participant not later than 30 days following the end of the Plan Year in which such Medical Care expenses were incurred or billed;
- Be substantiated (this may include providing a bill or receipt which includes the name and address of the service provider, the name and address of the Participant, and the

name and date of birth of the person for whom the Medical Care expense was incurred); and
- Not be reimbursable from any other health plan or insurance.

Subject to applicable law, the Plan Administrator may establish rules regarding the frequency of reimbursement of Medical Care expenses and the minimum dollar amount that may be requested for reimbursement. For further details regarding the rules, practices, and procedures for reimbursement, please contact the Plan Administrator.

HIPAA PRIVACY ISSUES

With the exception of HRAs with fewer than 50 Participants that are self-administered, HIPAA requires that health plans protect the confidentiality of your private health information. A complete description of your rights under HIPAA can be found in the HRA’s Privacy Notice. If you have questions or complaints about the privacy of your health information, contact the Plan Administrator.

Neither this HRA nor the Employer will use or further disclose information that is protected by HIPAA (“protected health information”) except as necessary for treatment, payment, health plan operations and plan administration, or as permitted or required by law. By law, the HRA has required all of its business associates to also observe HIPAA’s privacy rules. In particular, the HRA will not, without authorization, use or disclose protected health information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Employer.

Under HIPAA, you have certain rights with respect to your protected health information, including certain rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. You also have the right to file a complaint with the HRA or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself, your Spouse or Dependents because of other health insurance or group health plan coverage, you may be able to enroll yourself and your Spouse and Dependents in this HRA if you or your Spouse or Dependents lose eligibility for that other coverage (or if the Employer stops contributing towards your or your Spouse's or Dependents' other coverage). However, you generally must request enrollment within 30 days after your or your Spouse's or Dependents' other coverage ends (or after the Employer stops contributing toward the other coverage).

In addition, if you have a new Spouse or Dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your Spouse and Dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your Spouse or Dependents are eligible, but not enrolled, in the HRA you may enroll when:

- Medicaid or Children's Health Insurance Program ("CHIP") coverage is terminated as a result of loss of eligibility and you request coverage within 60 days after the termination, or
- You or your Spouse or Dependent become eligible for a premium assistance subsidy under Medicaid or CHIP and you request coverage within 60 days after eligibility is determined.

To request special enrollment or obtain more information, contact the Plan Administrator.

QUALIFIED MEDICAL CHILD SUPPORT ORDERS

A qualified medical child support order ("QMCSO") is an order made pursuant to state domestic relations law by a court or a state agency authorized under state law to issue child support orders which requires this HRA to provide coverage to a child or children of an Employee. The Plan Administrator shall comply with the terms of any QMCSO it receives, and shall:

(a) Establish reasonable procedures to determine whether a medical child support order is a QMCSO (these procedures are available, free of charge, to Participants and Beneficiaries upon request to the Plan Administrator);

(b) Promptly notify the Employee and the child (or child's guardian) of the receipt of any medical child support order, and the HRA's procedures for determining whether a medical child support order is a QMCSO; and

(c) Within a reasonable period of time after receipt of such order, determine whether such order is a QMCSO and notify the Employee and the child of such determination.

HEALTH COVERAGE DURING UNPAID FMLA LEAVE

If your Employer has at least 50 employees employed within 75 miles of your worksite and you take an approved unpaid leave of absence that qualifies as family and medical leave under the Family and Medical Leave Act of 1993 (FMLA), you may generally continue to receive the maximum reimbursement amount available under this HRA for medical expenses for yourself, and your covered Spouse and Dependents, incurred during such leave, if you continue coverage in the Kaiser Permanente Deductible HMO Plan with HRA plan.

If you do not continue coverage, but you return to work before the expiration of FMLA leave, you will be reinstated in your benefit coverage in this HRA at the same level and under the same conditions as if the leave had not occurred. However, in this instance, you will not be reimbursed for medical expenses incurred during FMLA leave.

Please contact the Plan Administrator for further information.

UNIFORMED SERVICES REEMPLOYMENT RIGHTS

Your right to continued participation in this HRA during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act

("USERRA"). Accordingly, if you are absent from work due to a period of active duty in the military you may elect to continue the maximum reimbursement amount of this HRA. If the absence is for 31 or more days, the cost of continuation coverage may not exceed 102% of the full cost of your health coverage.

USERRA continuation coverage is considered alternative coverage for purposes of COBRA. Therefore, if you elect USERRA continuation coverage, COBRA coverage will generally not be available.

Benefits during a period of military leave must be as generous as benefits available to similarly situated employees on other employer-approved leaves of absence (*e.g.*, family and medical leave).

COBRA CONTINUATION COVERAGE

A Participant, Spouse or Dependent who loses coverage under the HRA due to a qualifying event as defined in the Consolidated Omnibus Budget Reconciliation Act ("COBRA") and in Section 4980B of the Code shall be entitled, to the extent required by law, to elect to continue the same coverage he or she had on the day before the qualifying event at their own expense. The maximum reimbursement amount will increase at the same time and by the same increment that it is increased for similarly situated non-COBRA beneficiaries (as will decreases for claims reimbursed). Qualified beneficiaries who elect to continue coverage may submit claims for Medical Care expenses incurred after the qualifying event and before the end of such COBRA continuation coverage.

CLAIMS PROCEDURES

The following claims procedures shall apply specifically to claims made under this HRA. To the extent that these procedures are inconsistent with the claims procedures contained in the policies, contracts, or other written materials for the HRA, the claims procedures in such other policies, contracts, or other written materials shall supersede these procedures as long as such other claims procedures comply with Department of Labor Regulations 29 C.F.R. §§ 2560.503-1 and 2590.715-2719.

BENEFIT DETERMINATIONS

The HRA will reimburse claims that are filed for payment of benefits after health care has been received. If your claim is denied, you will receive a written notice from the Claims Administrator within 30 days of receipt of the claim, as long as all needed information was provided with the claim. The Claims Administrator will notify you within this 30 day period if additional information is needed to process the claim, and may request a one-time extension not longer than 15 days and pend your claim until all information is received.

Once notified of the extension, you then have 45 days to provide this information. If all of the needed information is received within the 45-day time frame and the claim is denied, the Claims Administrator will notify you of the denial within 15 days after the information is received. If you don't provide the needed information within the 45-day period, your claim will be denied.

A denial notice will explain the reason for denial, refer to the part of the group health plan on which the denial is based, and provide the claim appeal procedures.

How to Appeal a Claim Decision

If you disagree with a claim determination after following the above steps, you can contact the Claims Administrator in writing to formally request an appeal. If the appeal relates to a claim for payment, your request should include:

- The patient's name.
- The plan identification number.
- The date(s) of health care service(s).
- The provider's name.
- The reason(s) you believe the claim should be paid.
- Any documentation or other written information to support your request for claim payment.

Your first appeal request must be submitted to the Claims Administrator within 180 days after you receive the claim denial.

Appeal Process

A qualified individual who was not involved in the decision being appealed will be appointed to decide the appeal. If your appeal is related to clinical matters, the review will be done in consultation with a health care professional with appropriate expertise in the field who was not involved in the prior determination. The Claims Administrator may consult with, or seek the participation of, medical experts as part of the appeal resolution process. By filing an appeal, you consent to this referral and the sharing of pertinent health claim information. Upon request and free of charge you have the right to reasonable access to and copies of, all documents, records, and other information relevant to your claim for benefits.

APPEALS DETERMINATIONS

You will be provided with written or electronic notification of the decision on your appeal as follows:

The first level appeal will be conducted and you will be notified by the Claims Administrator of the decision within 30 days from receipt of a request for appeal of a denied claim.

If you are not satisfied with the first level appeal decision of the Claims Administrator, you have the right to request a second level appeal from the Claims Administrator. Your second level appeal request must be submitted to the Claims Administrator within 60 days from receipt of the first level appeal decision.

The second level appeal will be conducted and you will be notified by the Claims Administrator of the decision within 30 days from receipt of a request for review of the first level appeal decision.

External Review

If you exhaust all internal appeals procedures, you may be entitled to an external review of your claim. Please consult the Plan Administrator or Claims Administrator for further details.

PLAN AMENDMENT OR TERMINATION

The Employer has established the HRA with the intention and expectation that it will be continued indefinitely, but the Employer is not and shall not be under any obligation to maintain the HRA for any given length of time. Subject to applicable law, the Employer may amend or terminate the HRA, in whole or in part, at any time.

CIRCUMSTANCES THAT MAY CAUSE LOSS OF BENEFITS

The HRA contains numerous restrictions on the type and amount of benefits payable and the circumstances when paid. You may lose coverage if the Employer terminates the HRA or amends it to reduce or eliminate your coverage. You may forfeit the right to benefits if, among other things:

- You revoke your election to participate;
- You terminate employment with the Employer;
- You fail to file benefits claims on a timely basis;
- You make fraudulent benefits claims;
- You cease to be an eligible Employee; or
- The HRA terminates.

If you terminate participation in the Plan for any reason, including, without limitation, termination of employment, retirement, reduction of hours, death, disability or leave of absence, you will continue to be entitled to payment of HRA Account benefits for eligible Medical Care expenses incurred during such Plan Year prior to the termination of participation, if you file a claim within 90 calendar days from the date you cease to be a Participant. If any balance remains thereafter, such remaining balance may be used for medical care expenses incurred during the remainder of the Plan Year.

For further details, please contact the Plan Administrator.

RESPONSIBILITY FOR GOODS/SERVICES

The Employer does not guarantee and is not responsible for the nature or quality of the goods or services provided through any health care provider or program because these goods and services are provided by personnel and agencies outside of the control of the Employer.

NO GUARANTEE OF EMPLOYMENT

Nothing contained in this document nor the benefit documents gives you the right to be retained in the service of the Employer or interferes with the right of the Employer to discharge you or to terminate your service at any time.

STATEMENT OF ERISA RIGHTS

As a Participant in the HRA you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all Participants shall be entitled to:

Receive Information About Your Plan and Benefits

- ⇒ Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- ⇒ Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- ⇒ Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each Plan Participant with a copy of this summary annual report.

Continue Group Health Plan Coverage

Continue health care coverage for yourself, and your Spouse and Dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your Spouse or Dependents may have to pay for such coverage. Review this summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan Participants and Beneficiaries. No one, including your Employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If

you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

APPENDIX A
WENTE FAMILY ESTATES
HEALTH REIMBURSEMENT ARRANGEMENT

PARTICIPATING EMPLOYERS

In addition to Wente Family Estates, the following Participating Employers have adopted the HRA:

There are no other employers participating in the HRA.

APPENDIX B
WENTE FAMILY ESTATES
HEALTH REIMBURSEMENT ARRANGEMENT

HRA ACCOUNT BENEFIT AMOUNT

At the beginning of each Calendar Year, the Employer will make an HRA Account Benefit Amount available for reimbursement of certain Medical Care Expenses incurred during that Calendar Year.

The Account Benefit Amount is available for Medical Care Expenses incurred during the coverage period beginning on January 1 and ending on December 31.

The HRA Account Benefit Amount available in a Calendar Year is:

Employee only $1,500.00
Family (Employee and Dependents) - *If Dependent coverage is elected* $3,000.00

Mid-Year Enrollment - If you are an Employee and during initial enrollment, you enroll yourself only or you and your eligible Dependents in the HRA and coverage is less than twelve (12) months during the initial Calendar Year, the Account Benefit Amount available during the first year is prorated. If initial enrollment is in the middle of the month, that month is counted as a full month of enrollment to calculate your Account Benefit Amount during the first year of enrollment.

HRA Account Benefit Rollover
Any unused Calendar Year's Account Benefit Amount will be rolled over to be added to the subsequent Calendar Year's Account Benefit Amount.

The Unused Benefit Maximum Rollover Amount is:

Employee only $1,500.00
Family (Employee and Dependents) - If Dependent coverage is elected $3,000.00