

SIMPLY BETTER

PLAN  
YEAR  
2022

BENEFITS



NON-UNION



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# WELCOME

At Foster Farms, our mission is to simply be better in all we do. Combining uncompromising quality and a strong belief in safety and sustainability, we have led the industry for over 80 years. Because you are an important part of our success, we are pleased to offer you a robust benefits program that focuses on overall wellness in all areas of life.

We offer tools and resources for your physical and financial health, as well as provide the support you need to handle your day-to-day responsibilities. Because everyone's needs are different, we give you options, so you can choose the plans you need at a price you can afford.

Take a look at the benefits described in this guide to make the most of your benefits package. If you have any questions about your benefits, please see resources on the back page.

Please review the enclosed cover letter for enrollment dates and instructions.

### How to Use This Guide

Look for these signs as you read through the benefits guide. These features are designed to help you learn about your benefits so you get the most value and savings out of your plans.

#### **How to Enroll**

Look for both Open Enrollment and New Hire instructions to guide you through your enrollment.



#### **Money Saving Tips**

How can you stretch your benefit dollars?



#### **Tech Tool**

Discover how you can manage your benefits on your computer or smartphone.



#### **Did You Know?**

Be sure to pay special attention to the important information related to your benefits.



## ELIGIBILITY

### Employees

You are eligible to participate in Foster Farms' benefit plans if you are an active full-time employee working a minimum of 30 hours per week.

### Dependents

Your eligible dependents have access to many of the benefits we offer. Eligible dependents include:

- Your legal spouse or registered domestic partner
- Biological, adopted, or stepchildren, up to age 26
- Disabled dependent child(ren) who are mentally or physically handicapped and meet certain requirements

### DEPENDENT ELIGIBILITY

You must provide supporting documentation to complete your dependent's enrollment. If you do not provide the required documentation by the deadline, your dependent will not have coverage. Examples of supporting documentation include marriage certificate, birth certificate, or adoption papers. Refer to Definitions and Required Documents for more information on page 15.

### USI MOBILE APP

Access all your plan information and cards in one place. Search for 'USleb' in your phone's app store to download the free app (Code: 690243).


### BENEFITS EFFECTIVE DATE

If you are enrolling during Open Enrollment, any changes you make will go into effect on January 1, 2022.

## ENROLLMENT BASICS

It is important that you be prepared to enroll, whether enrolling for open enrollment or as a new hire. Use this enrollment checklist to make sure you are ready:



Read and review all benefit materials provided. 



If you are adding new dependents to benefits, provide a Social Security Number or INS Alien Number for them. All newly added dependents must be verified. Please reference page 15 in your benefit guide for dependent required documents.



Upon completion of your enrollment, you will receive a confirmation number. Your enrollment is not complete until you receive this number. You will receive your confirmation statement in the mail or you can visit the BCI landing page: [www.electbenefits.com/fosterfarms](http://www.electbenefits.com/fosterfarms) to ensure your enrollment choices are accurate.

### Making Changes During the Year

The benefit choices you make during your enrollment will remain in effect for the entire plan year unless you have a qualifying life event. You may make changes to your benefits within 60 days of a qualifying life event. Examples include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other health coverage
- Change in employment status
- Change in residence that impacts plan availability or eligibility.

# MEDICAL COVERAGE

## HEALTH SAVINGS PLAN

The Health Savings Plan is a high deductible health plan (HDHP) that is paired with a health savings account (HSA). This plan offers both in-network and out-of-network coverage, and you may choose any provider. You are responsible for 100% of your medical and prescription drug expenses until you reach the annual deductible. Once you reach the deductible, the plan will pay 80% of your in-network / 50% out-of-network medical expenses. To help cover your out-of-pocket costs, Foster Farms will open a health savings account (HSA) on your behalf and contribute dollars to this account. You may also contribute pre-tax dollars to your HSA to pay for health care expenses with tax-free dollars. Learn more about the HSA on page 7.

## PREVENTIVE PPO

The Preventive PPO also gives you the freedom to choose any provider. You do not have to select a primary care physician to oversee your care or give referrals; however, to receive optimal care it is recommended that you do select a primary care doctor. Keep in mind that seeking care at in-network providers and facilities will ensure you receive the highest level of benefits. This option has a lower deductible but higher monthly premiums.

## KAISER HMO

With the Kaiser HMO plan, you must receive all services from the Kaiser network and choose a primary care physician who will coordinate your medical care. Out-of-network services, with the exception of emergency care, are not covered.

### Health Savings Plan and Preventive PPO



Search Blue Shield in-network providers:

**CA:** [www.blueshieldca.com/networkppo](http://www.blueshieldca.com/networkppo)

**Outside of CA:** *Blue Card Network*  
<http://provider.bcbs.com/>

## PRESCRIPTION DRUG COVERAGE

All of Foster Farms' medical plans come with prescription drug coverage. If you select the **Kaiser HMO**, you must use Kaiser pharmacies to fill all prescriptions.

For the **Health Savings Plan** and **Preventive PPO**, there are a few things to keep in mind:

- *Use generic medication when available.* Generic drugs are just as effective but are less expensive than brand name drugs. If you choose a brand name drug when a generic version is available, you will pay the difference plus the standard cost on the drug tier placement.
- *Preventive Tier 1 generic medications with a 90-day supply are covered at no cost to you.* These drugs are designed to treat chronic conditions such as diabetes, asthma, high blood pressure, and high cholesterol.
- *Specialty medications must be filled through the OptumRx specialty pharmacy.* Call 1.855.427.4682 and have your specialty prescriptions delivered to you.
- *Get maintenance medications delivered to your door.* Home Delivery, OptumRx's mail service, ships a 90-day supply of your maintenance medications to your home address.
- *Visit [www.optumrx.com](http://www.optumrx.com) for the most complete and up-to-date drug formulary.* The formulary is a list of drugs available for certain conditions organized into cost levels (tiers).

## MEDICAL PLAN COMPARISON

MEDICAL BENEFITS	HEALTH SAVINGS PLAN		PREVENTIVE PPO		KAISER HMO - CALIFORNIA AND PACIFIC NORTHWEST	
	In-Network	Out-of-Network	In-Network	Out-of-Network	Kaiser Network Only	
<b>Annual Deductible</b> Individual/Family	\$1,500/ \$3,000	\$10,000/ \$20,000	\$500/ \$1,000	\$1,500/ \$3,000	\$500/ \$1,000	
<b>Annual Out-of-Pocket Maximum</b> Individual/Family	\$4,000/ \$8,000	\$18,750/ \$37,500	\$2,500/ \$5,000	\$16,500/ \$33,000	\$2,000/ \$4,000	
<b>Total Out-of-Pocket Maximum*</b> Individual/Family	\$4,000/ \$8,000	\$18,750/ \$37,500	\$6,600/ \$13,200	\$16,500/ \$33,000	\$2,000/ \$4,000	
<b>Coinsurance (Plan Pays)</b>	80%	50%	80%	50%	Varies	
<b>Preventive Care Visit</b>	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	
<b>Diagnostic Lab and X-ray (Preventive Tests performed at no charge)</b>	80% after deductible	50% after deductible	80% after deductible	50% after deductible	\$10 copay after deductible	
<b>Primary Care Visit</b>	80% after deductible	50% after deductible	\$40 copay	50% after deductible	\$15 copay	
<b>Specialist Visit</b>	80% after deductible	50% after deductible	80% after deductible	50% after deductible	\$25 copay	
<b>Telemedicine Services - Teladoc General Medicine Visit</b>	Before deductible: \$49; after deductible: \$10	Not covered	\$10 copay	Not covered	Telehealth (phone/ video) \$0 copay	
<b>Urgent Care</b>	80% after deductible	50% after deductible	80% after deductible	50% after deductible	\$15 copay	
<b>Major Diagnostic and Imaging</b>	80% after deductible	50% after deductible	80% after deductible	50% after deductible	<b>CA:</b> \$50 copay after deductible <b>PNW:</b> \$50 copay after deductible	
<b>Emergency Room</b>	80% after deductible		80% after deductible		<b>CA:</b> 80% after deductible <b>PNW:</b> \$100 copay after deductible, then plan pays 80%	
<b>Hospital Services - Inpatient &amp; Outpatient</b>	80% after deductible	50% after deductible	<b>Inpatient:</b> 80% after \$350 copay per cal/yr and deductible <b>Outpatient:</b> 80% after deductible	<b>Inpatient:</b> 50% after \$1,050 copay per cal/yr and deductible <b>Outpatient:</b> 50% after deductible	80% after deductible	
<b>Prescription Drugs - In-network Retail (30-Day Supply) Your out-of-pocket costs</b>						
<b>Tier 1 (Lowest Cost)/ Tier 2 (Mid-range Cost)/ Tier 3 (Highest Cost)</b>	<b>Preventive</b> (with generic equivalent): T1: \$0 T2: 20% T3: 20% <b>Brand-name Preventive</b> (with no generic equivalent): T1: N/A T2: 5% T3: 10% <b>Non-Preventive:</b> 20% after deductible		<b>Preventive</b> (with generic equivalent): T1: \$10 T2: \$40 T3: \$75 <b>Brand-name Preventive</b> (with no generic equivalent): T1: N/A T2: \$15 T3: \$30 <b>Non-Preventive:</b> T1: \$10 T2: \$40 T3: \$75		<b>CA:</b> Tier 1: \$10 Tier 2: \$40 Tier 3: N/A	<b>OR &amp; WA:</b> Tier 1: \$10 Tier 2: \$40 Tier 3: \$75
<b>Prescription Drugs - Mail Order or In-network Retail Pharmacy (90-Day Supply)</b>						
<b>Tier 1 (Lowest Cost)/ Tier 2 (Mid-range Cost)/ Tier 3 (Highest Cost)</b>	<b>Preventive</b> (with generic equivalent): T1: \$0 T2: 20% T3: 20% <b>Brand-name Preventive</b> (with no generic equivalent): T1: N/A T2: 5% T3: 10% <b>Non-Preventive:</b> 20% after deductible		<b>Preventive</b> (with generic equivalent): T1: \$0 T2: \$80 T3: \$150 <b>Brand-name Preventive</b> (with no generic equivalent): T1: N/A T2: \$30 T3: \$60 <b>Non-Preventive:</b> T1: \$20 T2: \$80 T3: \$150		<b>CA:</b> Tier 1: \$20 Tier 2: \$80 Tier 3: N/A	<b>OR &amp; WA:</b> Tier 1: \$20 Tier 2: \$80 Tier 3: \$150

**Note:** See the detailed Kaiser Benefit Schedule for other conditions, limits, and exclusions. **Contact your Kaiser Office for more information.** Their number is on your Kaiser ID card.

\*The in-network Preventive PPO total out-of-pocket maximum (OOP max) is a combination of a \$2,500 medical plan OOP Max, a \$2,000 medical plan copay OOP Max, and a \$2,100 prescription drug OOP Max. Family OOP Max is 2x individual.

# PREVENTIVE CARE PROVIDES BIG SAVINGS

## **FREE!** FREE IN-NETWORK PREVENTIVE CARE

No matter which medical plan you choose, the following services are provided at no cost to you:

- Children's Check-ups
- Adult Check-ups
- Preventive Screening Tests
- Most Shots
- Birth Control
- Mammograms
- Pap Smears
- Sexually Transmitted Disease Testing
- Colonoscopies
- Hearing Exams for newborns
- Tobacco Use Counseling
- Bone Density Tests (age 65 or younger with doctor approval due to family history)

## **FREE!** FREE PRENATAL CARE

Free prenatal care is also provided with the Health Savings and Preventive PPO Plans. You can enroll in the Blue Shield Prenatal Education Program by calling 1.888.886.4596. If you enroll in the first trimester, Foster Farms will give you a free \$100 gift card. In addition, PPO plan participants that enroll in the first trimester will have the hospital copay/deductible for delivery waived. Kaiser participants can receive a \$100 gift card upon completion of prenatal classes.

## **FREE!** FREE GENERIC PREVENTIVE PRESCRIPTION DRUGS

Health Savings and PPO Plan participants may receive the following preventive generic drugs/supplies for FREE: diabetes, asthma, heart disease, high cholesterol, high blood pressure, antidepressants, and more. All you have to do is either go to a plan pharmacy and order a 90-day prescription, or order them from OptumRx and have your prescription mailed to your house.

## WELLNESS PROGRAM

Save money and improve your health through the Foster Farms Wellness Program powered by Navigate. You and your spouse or Domestic Partner can earn points to save up to 20% on your healthcare premiums by completing an annual preventive exam, filling out an online health survey and choosing from a variety of additional wellness activities to complete to earn up to 100 Wellness Points. Visit <https://FosterFarmsWellness.com> to register and get started:

1. Select **JOIN NOW**.  
*Please note: Employees and spouses must register individually.*
2. **Employees:** Enter your first name, last name, and employee ID.  
**Spouses:** Enter your first name, last name, and your spouse's employee ID followed by the letter "s"
3. Confirm your information.
4. Create a username and password, and then complete your profile.

**Questions?** Please contact Navigate Wellbeing Solutions at 1.855.239.9280.

**Note:** Employees hired after October 31, 2021, will have the opportunity to participate in the following year.

## Top Tools to Save Money



1. **Free In-Network Preventive Care:** Preventive health screenings keep you healthy throughout the year, monitor health risks, and catch any problems early.
2. **Home Delivery Rx Program:** Fill your maintenance medication to receive a 90-day supply of each prescription drug for a lower cost than buying retail.
3. **24/7 Access to Doctors:** Use Teladoc for minor medical issues, such as sinus infections and cold and flu symptoms, from the comfort of your home. Most visits take approximately 10-15 minutes, and doctors can write a prescription, if needed.
4. **Generic Medications:** Talk to your doctor about taking generic prescriptions, which are just as effective as brand-name drugs at a fraction of the cost.
5. **Tax Savings Accounts:** Pay for health care with tax-free dollars with the Health Care FSA or the Health Savings Account (available only with the Health Savings Plan).

# YOUR BI-WEEKLY COST FOR COVERAGE

## MEDICAL

MEDICAL PLAN RATES FOR EMPLOYEES IN COMPENSATION RANGE UNDER \$50,000				
	Health Savings Plan	Preventive PPO	Kaiser CA	Kaiser Pacific Northwest
Employee Only	\$38.47	\$54.51	\$54.51	\$54.51
Employee + Spouse	\$153.75	\$160.20	\$160.20	\$160.20
Employee + Child(ren)	\$123.67	\$128.86	\$128.86	\$128.86
Employee + Family	\$249.37	\$259.84	\$259.84	\$259.84
MEDICAL PLAN RATES FOR EMPLOYEES IN COMPENSATION RANGE \$50,000 AND OVER				
	Health Savings Plan	Preventive PPO	Kaiser CA	Kaiser Pacific Northwest
Employee Only	\$44.28	\$60.57	\$60.57	\$60.57
Employee + Spouse	\$160.43	\$167.17	\$167.17	\$167.17
Employee + Child(ren)	\$129.04	\$134.46	\$134.46	\$134.46
Employee + Family	\$268.55	\$279.83	\$279.83	\$279.83

## DENTAL AND VISION

	DENTAL PLAN RATES		VISION PLAN RATES		
	Cigna PPO	UHC HMO	UHC Base	UHC Buy-Up	VSP Buy-Up
Employee Only	\$10.44	\$2.26	\$0.74	\$1.74	\$3.24
Employee + Spouse	\$20.77	\$4.52	\$1.38	\$3.23	\$6.61
Employee + Child(ren)	\$24.01	\$4.43	\$1.72	\$4.03	\$6.83
Employee + Family	\$37.26	\$6.33	\$2.54	\$5.96	\$11.11

## SURCHARGE INFORMATION

### Spousal Surcharge

A monthly surcharge of \$130 applies to employees whose spouse or registered domestic partner (RDP) has health coverage available through their own employer, but who elect coverage under the Foster Farms Group Health Plan.

### Tobacco Surcharge

There is a surcharge of \$50/month per enrolled employee, spouse/domestic partner, and dependent over 18 who attest to tobacco use (Maximum family surcharge: \$200 per month). By completing the Tobacco Cessation Program, you will have your surcharge removed back to January 1, 2022.

### Participate in Foster Farms' tobacco cessation program through Navigate

to remove the tobacco surcharge. Visit [www.FosterFarmsWellness.com](http://www.FosterFarmsWellness.com) or call 1.855.239.9280 for details about the program.



To complete the Tobacco Cessation Program, watch the Tobacco Cessation e-learning series on the Foster Farms Wellness website and complete all the corresponding quizzes within each section. The e-learning will be available from January 1 - June 30, 2022. After completing the e-learning series, your updated status will be sent to Foster Farms on a weekly basis. Please allow 10 business days to see your refunded surcharge in your paycheck.

To access the e-learning course, scroll to the bottom of the home page on your Foster Farms Wellness portal under courses. Visit [FosterFarmsWellness.com](http://FosterFarmsWellness.com) to get started.

**Note:** If you are hired in 2022, you are not subject to the tobacco surcharge until the following year.

# SAVE MONEY WITH TAX SAVINGS ACCOUNTS

## HEALTH SAVINGS ACCOUNT (HSA)

When you enroll in the Health Savings Plan, Foster Farms will open an HSA with HealthEquity. An HSA is a unique tax-advantaged account that you can use to pay for current or future eligible health care expenses, such as doctor and hospital visits, as well as deductibles, coinsurance, prescriptions, vision, and dental care for yourself and your eligible dependents. For a complete list of eligible expenses, check out [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

Your HSA offers a triple tax advantage:

1. Contributions to the HSA can be made with pre-tax dollars, which reduces your taxable income. Any after-tax contributions you make are tax deductible.
2. When HSA dollars are used for eligible expenses, they are tax-free.
3. HSA funds can be invested and earn interest tax-free.



The HSA also gives you the following benefits:

- Foster Farms contributes money too! See the table below for amounts.
- You can change or stop your contributions at any time throughout the year.
- HSA balances roll over from year to year; there's no "use it or lose it" policy.
- Your HSA funds are portable and go with you, even if you change companies or retire.

### HSA Contribution Limits

Each year, the IRS sets annual limits for HSAs. Both your contribution plus the company contribution count toward the annual contribution limit. If you are age 55 or older, you may contribute an additional \$1,000 catch-up contribution.

COVERAGE TIER	2022 IRS MAXIMUM	FOSTER FARMS CONTRIBUTION*	EMPLOYEE MAXIMUM CONTRIBUTION
Employee Only	\$3,650	\$500	\$3,150
Employee + Spouse	\$7,300	\$1,000	\$6,300
Employee + Child(ren)	\$7,300	\$1,250	\$6,050
Employee + Family	\$7,300	\$1,500	\$5,800

\*Foster Farms will fund your account on a quarterly basis.

### HSA Rules to Keep in Mind



The IRS has several eligibility requirements that must be met in order to open an HSA:

- You must be enrolled in a high deductible health plan, such as the Health Savings Plan.
- You cannot be covered under a non-qualified health plan, including a Health Care FSA.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.





## FLEXIBLE SPENDING ACCOUNTS (FSAs)

Foster Farms offers two flexible spending account choices as a smart and convenient way to stretch your benefit dollars and receive real tax savings:



- **Health Care FSA:** You can contribute up to **\$2,750 in 2022** on a pre-tax basis to pay for eligible out-of-pocket medical, dental, and vision expenses.
- **Dependent Daycare FSA:** You can contribute up to **\$5,000 per household in 2022 (\$2,500 if married, filing separately)** on a pre-tax basis to cover your cost of child care for children up to age 13 and/or dependent adults.

### How FSAs Work

FSAs let you pay health care and dependent care expenses with pre-tax dollars, so you save money. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s). For a comprehensive list of eligible expenses, visit [www.irs.gov](http://www.irs.gov).

- Keep in mind that the IRS has a “use it or lose it” rule. If you do not use the full amount in your FSA(s) by the end of the allowed time frame, you will lose any remaining funds.
- For the Health Care FSA only, you have a grace period of 2 1/2 months after the end of the plan year in which you can incur expenses and use this money, which is March 15th. However, all claims must be received by March 31st in order to be considered for payment.

### FSA Enrollment

**Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute to the FSAs. Even if you participated the previous year, your election does not carry over; you must actively enroll to contribute to the FSAs.**

- **Remember**, you cannot stop or change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.



# PREPARE FOR THE UNEXPECTED WITH VOLUNTARY BENEFITS

## GROUP HOSPITAL INDEMNITY INSURANCE

Costs for hospitalization can quickly add up, even with medical insurance. Foster Farms gives you the opportunity to purchase Hospital Indemnity Insurance through Unum to help cover out-of-pocket expenses you incur from a hospital stay. If you are hospitalized, you receive a lump-sum (tax-free) benefit to pay for expenses not covered by your medical plan, lost wages, childcare, or travel costs. You can purchase Hospital Indemnity Insurance for yourself, your spouse, and your children.

### Advantages of Voluntary Benefits

- Coverage is affordable and offered to you at group rates.
- You own the policy. You take it with you if you leave Foster Farms or retire.
- No medical questions are required before coverage begins.
- Premiums are conveniently deducted from your paycheck.

## GROUP ACCIDENT COVERAGE

Accidents happen when you least expect it. With accident insurance through Unum, you can be prepared to cover the out-of-pocket expenses that may occur due to a non-work-related injury. Accident insurance provides a lump-sum (tax-free) payment based on the accident/injuries sustained. The benefit is paid directly to you, and you decide the best way to spend it. It's that simple. Coverage is available for you, your spouse, and your children. There is also a wellness benefit included of \$50 per insured per calendar year (no claim form needed) when you complete a covered health screening test.

## GROUP CRITICAL ILLNESS COVERAGE

While your medical plans provide coverage for hospital and medical expenses associated with critical illnesses, expenses for conditions such as stroke, heart attack, kidney failure, major organ transplant, coma, and paralysis can be financially devastating. Critical illness coverage through Unum provides a way for you to stay ahead of the medical and out-of-pocket expenses that can accompany certain covered medical events. Consider the following advantages of critical illness coverage:

- A set amount of money is paid directly to you to be used however you choose based on the amount you elect:
  - Employee: Choose from \$5,000-\$30,000
  - Spouse (age 17-64): Choose from \$5,000-\$15,000
  - Child (up to age 26): Automatically covered at 25% of employee coverage amount at no extra cost
- Unum will not pay benefits for a claim that is caused by, contributed to, or occurs as a result of a pre-existing condition during the 12 months after the coverage effective date.

## INDIVIDUAL SHORT-TERM DISABILITY INSURANCE

Individual Short-Term Disability Insurance can help protect a portion of your monthly income if you are unable to work due to a covered injury or illness, such as pregnancy or to recover from surgery. Coverage is for off the job-related disabilities and accidents only.

## WHOLE LIFE INSURANCE

Whole Life Insurance can pay money to your loved ones if you pass away, but it also offers additional value: a "living" benefit. If you are diagnosed with a terminal illness and have a life expectancy of one year or less, you can request some or all of the death benefit while you are living. **This coverage is guarantee issue, which means no medical questions are required for you or your family members.**

## BRUSH UP ON DENTAL COVERAGE

Your teeth and gums deserve the very best care. That's why Foster Farms offers you dental coverage.

PLAN FEATURES	CIGNA DENTAL PLAN - ALL EMPLOYEES		UHC DIRECT COMPENSATION DENTAL PLAN - CA ONLY*
	In-Network	Out-of-Network	In-Network Only
<b>Annual Deductible</b> Individual/Family	\$50 / \$150	\$50 / \$150	None
<b>Annual Maximum</b>	\$2,000	\$1,500	None
<b>Covered Services</b>			
<b>Preventive &amp; Diagnostic</b>	100% covered	60% covered	\$0-\$10 copay
<b>Basic Services</b>	80% after deductible	60% after deductible	Fillings: \$10-\$30 copay Tooth Extraction: \$5 - \$75 copay
<b>Major Services</b>	80% after deductible	60% after deductible	Root Canals and Crowns: \$0 - \$120 copay Upper or Lower Denture: \$170 copay
<b>Orthodontics</b>	80% covered	80% covered	\$1,850 copay
<b>Lifetime Orthodontic Maximum</b>	\$1,500	\$1,500	N/A

\*This plan utilizes the CA Select Managed Care Network. See the UHC/DC Patient Charge Schedule for detailed services, costs, conditions, limits, and exclusions. Call UHC for more information at 1.800.999.3367.

Visit their websites to learn of other potential benefits available to you. See page 16 for contact information.



## TAKE A LOOK AT VISION COVERAGE

Keep your vision clear and your eyes in good health with regular eye exams. Foster Farms provides vision coverage with UHC and VSP. You will save money by visiting in-network providers.

PLAN FEATURES	UHC BASE VISION PLAN		UHC BUY-UP VISION PLAN		VSP BUY-UP VISION PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	You pay	The Plan Reimburses	You pay	The Plan Reimburses	You pay	The Plan Reimburses
<b>Eye Examination or Refraction</b> <i>(once every 12 months)</i>	100% after \$20 copay	Up to \$50 allowance	100% after \$20 copay	Up to \$50 allowance	100% after \$20 copay	Up to \$45 allowance
<b>Frames</b> <i>Base Plan: once every 24 months</i> <i>Buy-up Plans: once every 12 months</i>	Up to \$120 allowance	Up to \$50 allowance	Up to \$150 allowance	Up to \$50 allowance	Up to \$180 allowance (20% discount over allowance)	Up to \$70 allowance
<b>Progressive Lenses</b> <i>(in place of regular lenses)</i>	N/A	N/A	100% after \$30 copay	Not covered	100% after \$30 copay	Up to \$50 allowance
<b>Lenses</b> <i>Base Plan: once every 24 months</i> <i>Buy-up Plans: once every 12 months</i>	100% covered	Up to \$50 allowance	100% after \$20 copay	Up to \$50 allowance	100% covered	Up to \$30-\$100 allowance
<b>Contact Lenses</b> <i>(in lieu of frames and lenses)</i> <i>Base Plan: once every 24 months</i> <i>Buy-up Plans: once every 12 months</i>	Up to \$120 allowance	Up to \$100 allowance	Up to \$150 allowance	Up to \$100 allowance	Materials: Up to \$180 allowance Fitting & Evaluation Exam: 100% after \$60 copay	Up to \$105 allowance  included with materials



# PROTECT YOUR INCOME WITH DISABILITY INSURANCE

Foster Farms recognizes the importance of your financial well-being in the event of a disability. Foster Farms covers the full cost of short-term and long-term disability coverage and gives you the opportunity to purchase additional LTD coverage.

	ELIMINATION PERIOD	MAXIMUM DURATION	BENEFIT AMOUNT
<b>Short-Term Disability Employer Paid</b>	7 days	25 weeks	60% of earnings up to a maximum of \$2,650 per week
<b>Long-Term Disability BASE Employer Paid</b>	180 days (30-day accumulation)	65 years old or younger: <b>5 years</b>	60% of earnings to a maximum of \$7,500 per month (minimum of 10% or \$100)
		Age 65 through 68: <b>to age 70 but not less than 1 year</b>	
		Age 69 and over: <b>1 year</b>	
<b>Long-Term Disability BUY-UP Employee Paid</b>	180 days (30-day accumulation)	Based on age at time of disability (minimum of 1 year)	60% up to a maximum of \$11,500 per month (minimum of 10% or \$100)



# PROTECT YOUR LOVED ONES WITH LIFE AND AD&D INSURANCE

Providing economic security for your family is a major consideration in personal financial planning. **Foster Farms provides you with basic life and accidental death and dismemberment (AD&D) insurance coverage for yourself, your spouse, and your children through Lincoln Financial at no cost to you.**

	EMPLOYEE	SPOUSE / CHILD (6 months to 19 years, or 24 years if FT student)	CHILD (Live birth to 6 months old)
<b>Coverage</b>	3x base salary up to \$1 million	\$3,000	\$1,000

## OPTIONAL LIFE AND AD&D INSURANCE

For additional protection, you may purchase additional life and AD&D insurance for yourself, your spouse, and your children at group rates. Evidence of Insurability (EOI) will be required if you add or increase your elections outside of your initial enrollment period. EOI forms should be sent directly to Lincoln Financial.

	IF ELECTING FOR THE 1ST TIME SINCE INITIAL ELIGIBILITY	NEWLY ELIGIBLE & CURRENTLY ENROLLED
<b>Employee Optional Life</b> (increments of \$10,000)	EOI required to make any election	Can elect up to max of \$150,000 without EOI
<b>Dependent Optional Life</b> Spouse: Increments of \$5,000 Child(ren): Increments of \$2,000	EOI required to make any election	Can elect up to max of \$25,000 without EOI

### Dependent Buy-up options through Lincoln Financial:

- Option B: \$10,000 spousal coverage, \$5,000 per child
- Option C: \$25,000 spousal coverage, \$10,000 per child

### Who's Your Beneficiary?



You must choose a beneficiary for life insurance. Be sure to keep your beneficiary designations up-to-date.



## EMPLOYEE ASSISTANCE PROGRAM (EAP) LENDS A HELPING HAND

Through all the ups and downs of life, Foster Farms offers you a free employee assistance program to take care of any need you have. The EAP provides 24/7 confidential, professional short-term counseling as well as information, referrals, and resources for a variety of issues.

- Marital and family concerns, including assistance with child care, elder care, adoption, and education
- Financial assistance for financial planning, credit and debt management, and mortgage information
- Legal assistance for document preparation, divorce, real estate, and civil matters
- Stress, anxiety, and depression
- Alcohol and drug abuse

You can also receive in-person counseling sessions with a counselor in your area.

Call 1.888.628.4824 or visit [www.GuidanceResources.com](http://www.GuidanceResources.com) to find online tools.

Username: LFGsupport  
Password: LFGsupport 1



## RETIREMENT PLAN

Foster Farms sponsors a 401(k) plan, administered by Fidelity, to assist you in saving for your retirement. Through the 401(k) plan, you may contribute a percentage of your eligible pay to build retirement savings while reducing your current taxable income. You can contribute pre-tax money to the plan, up to the IRS limits.

You are automatically enrolled at a 3% deferral when you are hired or rehired. Employees that have been auto enrolled will also be subject to an auto increase program which will increase deferral rates by 1% annually until you reach 6%. Employees may opt out of auto enrollment or auto increases at any time. Please refer to the Summary Plan Description for more information. You can enroll online at [www.401k.com](http://www.401k.com) or 1-800-835-5098.

### Matching Contributions



Foster Farms makes a dollar-for-dollar matching contribution on the first 3% you contribute plus an additional 50% match on the next 2%. In other words, if you contribute 5% or more to your 401(k) account, you will receive a matching contribution of 4% from Foster Farms.



### Vesting

You will always be 100% vested in (entitled to) your personal contributions as well as the company matching contributions.

# DEFINITIONS AND REQUIRED DOCUMENTS

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENTS
<b>Spouse</b>	Your current legal spouse as recognized by federal law. An ex-spouse or legally separated spouse is not an eligible dependent.	The following documents: <ul style="list-style-type: none"> <li>Legal marriage certificate</li> </ul> AND one of the following, dated within last 12 months: <ul style="list-style-type: none"> <li>Proof of joint ownership of residence or other real estate</li> <li>Proof that employee and spouse are both listed on a lease or rental contract of a property</li> <li>Utility bill, bank, or credit card statement listing both employee and spouse</li> <li>Page 1 &amp; signature page (or Certificate of Electronic Filing) of employee's prior year Federal Income Tax (1040, 1040A, or 1040EZ) as filed with the IRS listing the spouse as a dependent</li> </ul>
<b>Domestic Partners</b> CA - must be registered with the California Secretary of State  OR & WA - must be registered with the applicable state or complete notarized Affidavit of Domestic Partnership  Other states - must complete notarized Affidavit of Domestic Partnership	Both must meet the following criteria: <ul style="list-style-type: none"> <li>Not married or in a domestic partnership with someone else</li> <li>Not related by blood</li> <li>At least 18 years old and capable of consenting to a domestic partnership</li> </ul>	<b>If registered with the state of CA, OR or WA:</b> <ul style="list-style-type: none"> <li>Certificate of Registration of Domestic Partnership in state of residence</li> </ul> <b>Otherwise (only in states other than CA):</b> <ul style="list-style-type: none"> <li>Notarized Affidavit of Domestic Partnership, available at Foster Farms Benefits Department</li> </ul>
<b>Natural born (biological) child to age 26</b>	A natural (biological) child of an employee, spouse, or domestic partner	<b>One</b> of the following documents: <ul style="list-style-type: none"> <li>The child's birth certificate</li> <li>Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240) or</li> <li>Certification of Birth Abroad (FS-240)</li> </ul>
<b>Adopted child to age 26</b>	A child of an employee, spouse, or domestic partner, whom the employee has legally adopted or is in anticipation of a legal adoption	<b>One</b> of the following documents: <ul style="list-style-type: none"> <li>Court documents signed by a judge showing that the employee has adopted the child</li> <li>International adoption papers from country of adoption</li> <li>Papers from the adoption agency showing intent to adopt</li> </ul>
<b>Stepchild to age 26</b>	A stepchild, the dependent's natural parent must still be married to, or in a domestic partnership, with the employee	<ul style="list-style-type: none"> <li>Marriage certificate (indicating employee's spouse is married to employee); or Affidavit of Domestic Partnership; or Certificate of Registration of Domestic Partnership in CA</li> <li>Birth certificate for child</li> <li>Stepchild to age 26 - Required Documents or Certificate of Registration of Domestic Partnership in CA, OR or WA</li> </ul>
<b>Child to age 26 for whom employee is court-appointed guardian or was guardian when child reached age 18</b>	Any child for whom the employee is legal guardian in accordance with the laws of the state in which they reside	<ul style="list-style-type: none"> <li>Court documents signed by a judge or provided by Child Protective Services verifying legal custody of the child</li> </ul>
<b>Disabled dependent (26 years of age or older)</b>	A dependent that falls under one of the previously listed categories and due to a mental or physical disability is unable to earn a living. The dependent must be wholly dependent upon the employee for support and maintenance as defined by the Internal Revenue Code and may continue coverage only if covered under the plan prior to turning 26	The required documents for <b>one</b> of the dependent categories as noted above as proof that dependent is your child (biological child, adopted child, stepchild, etc.)  <b>And</b> one of the following documents: <ul style="list-style-type: none"> <li>A medical certificate of disability</li> <li>Notice of determination from the Social Security Administration</li> </ul>
<b>Child to age 26 subject to a Qualified Medical Child Support Order</b>	A child who is named as an alternative recipient with respect to the employee under a Qualified Medical Child Support Order (QMCSO)	One of the following documents: <ul style="list-style-type: none"> <li>Court document signed by a judge</li> <li>Medical support orders issued by a state agency</li> </ul>
<b>Birth certificates and marriage licenses:</b> <a href="http://www.cdph.ca.gov">http://www.cdph.ca.gov</a> , For children born outside the United States: Department of State - <a href="http://www.state.gov">http://www.state.gov</a>		



# ANY QUESTIONS? TALK TO THE EXPERTS!

Contact the benefit carriers directly at the phone number or website listed below:

PLAN TYPE	BENEFIT PROVIDER	PHONE NUMBER	WEBSITE
<b>Enrollment Center</b>	Benefit Communications Inc. (BCI)	1.888.659.3572	<a href="http://www.electbenefits.com/fosterfarms">www.electbenefits.com/fosterfarms</a> Login: First letter of first name and all letters of last name plus last four digits of SSN. (Example: Robert Smith = rsmith1234) Password = Last 4 digits of your SSN# and birth date as MMDDYYYY (Example: SSN# = xxx-xx-4568, DOB = June 11, 1968, Password = 456806111968)
<b>Foster Farms Benefit Department</b>	Foster Farms Employee Benefit Department	1.209.668.6600 or toll-free 1.888.444.5043	<a href="mailto:EmployeeBenefits@fosterfarms.com">EmployeeBenefits@fosterfarms.com</a>
<b>Claims Administrator</b>	HealthComp, LLC	1.833.857.5858 Fax 559.499.2464	<a href="http://www.healthcomp.com">www.healthcomp.com</a>
<b>Prior Authorization (Medical)</b>	Blue Shield of California	1.800.541.6652	Not Applicable
<b>Prenatal Care</b>	Blue Shield of California	1.888.886.4596	Not Applicable
	Kaiser	Not Applicable	<a href="http://www.kp.org/maternity">www.kp.org/maternity</a>
<b>Nurseline</b>	Blue Shield of California	1.877.304.0504	Not Applicable
<b>Medical Network (CA)</b>	Blue Shield of California	1.800.219.0030	<a href="http://www.blueshieldca.com/networkppo">www.blueshieldca.com/networkppo</a>
<b>Medical Network (outside CA)</b>	BlueCard Network	1.800.810.BLUE (2583)	<a href="http://provider.bcbs.com/">http://provider.bcbs.com/</a>
<b>Telemedicine</b>	Teladoc	1.800.TELADOC (835.2362)	<a href="http://www.teladoc.com">www.teladoc.com</a>
<b>Wellness Administrator</b>	Navigate Wellbeing Solutions	1.855.239.9280	<a href="https://FosterFarmsWellness.com">https://FosterFarmsWellness.com</a>
<b>Quality ratings of hospital facilities</b>	The Leapfrog Group	1.202.292.6713	<a href="http://www.leapfroggroup.org/cp">http://www.leapfroggroup.org/cp</a>
<b>Prescription Plan</b>	OptumRx	1.888.543.1369	<a href="https://optumrx.com">https://optumrx.com</a>
<b>Kaiser - CA</b>	Kaiser, CA	1.800.464.4000	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>
<b>Kaiser - PNW</b>	Kaiser, PNW	1.800.813.2000	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>
<b>Dental - PPO</b>	CIGNA	1.800.CIGNA24 (244.6224)	<a href="http://www.mycigna.com">www.mycigna.com</a>
<b>Dental - UHC</b>	Pacific Union Dental administered by United Healthcare	1.800.999.3367	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>Vision</b>	United Healthcare Vision (Base and Buy-up)	1.800.638.3120	<a href="http://www.myuhcvision.com">www.myuhcvision.com</a>
<b>Vision</b>	VSP Buy-up Plan	1.800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>FSA: Health/Dependent</b>	HealthEquity/Wageworks	1.877.924.3967	<a href="http://www.healthequity.com/wageworks">www.healthequity.com/wageworks</a>
<b>HSA: Health Savings Account</b>	HealthEquity	1.866.346.5800	<a href="http://www.healthequity.com/ed/fosterfarms">www.healthequity.com/ed/fosterfarms</a>
<b>Life Insurance</b>	Lincoln Financial Group Policy #06066390	1.888.787.2129	<a href="http://www.mylincolnportal.com/customer/public/login">www.mylincolnportal.com/customer/public/login</a> Company Code: FosterFarms
<b>Long-Term Care Unum</b>	LTC Policy #GSR23929	1.800.227.4165	<a href="http://www.unum.com">www.unum.com</a>
<b>Short-Term &amp; Long-Term Disability</b>	Lincoln Financial Group Policy #06066390	1.800.320.7585	<a href="http://www.mylincolnportal.com/customer/public/login">www.mylincolnportal.com/customer/public/login</a> Company Code: FosterFarms
<b>Hospital Indemnity Insurance, Critical Illness Insurance, Individual Short-Term Disability Insurance, &amp; Accident Insurance</b>	Unum	1.800.635.5597	<a href="http://www.unum.com">www.unum.com</a>
<b>Whole Life Insurance</b>	Unum	1.800.635.5597	<a href="http://www.unum.com">www.unum.com</a>
<b>Retirement Benefits</b>	Fidelity Investments	1.800.835.5098	<a href="https://www.401k.com/">https://www.401k.com/</a>
<b>Retirement Benefits</b>	Foster Farms Cash Management	1.209.398.6756	Not Applicable



Disclaimer: This benefit summary highlights key features of the benefits program and does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this summary and the legal plan documents, the plan documents are the final authority. Foster Farms reserves the right to change or discontinue its benefit plans at any time without prior notice. Participation in any of the plans is not a contract of employment.