

# Harris Ranch Beef Company / Harris Feeding Company Division



## **2025 Employee Benefits Guide**

January 1, 2025 - December 31, 2025

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# Open Enrollment & Changes During the Plan Year

Open Enrollment occurs once a year. During the Open Enrollment period, you may do the following, without experiencing a qualifying event:

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

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

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

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

The benefits and coverage you select during this open enrollment period will remain in effect throughout the plan year until December 31, 2025.



# Eligibility

You are eligible to participate in the Harris Ranch Beef and Harris Feeding Company, under the Central Valley Meat Holding Company policy name, Benefits Program if you:

- Are a full-time employee scheduled to work a minimum of 30 hours per week
- Have satisfied the new hire waiting period of the first of the month following 60 days of employment

You may also elect coverage for your:

- Legal spouse or registered domestic partner
- Dependent children (refer to the carrier's contract for age limitations and/or requirements)
- Unmarried children who are physically or mentally incapable of self-support



# 2025 Benefits Program

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

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

## 2025 Carriers



**Medical**



**Dental**



- **Life/AD&D**
- **Long Term Disability**
- **Employee Assistance Program (EAP)**



**Vision**

# Medical Coverage

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

	Bronze Plan	Ranch Plan	California Plan	Liberty Plan	
	In-Network	In-Network	In-Network	In-Network	Out-of-Network
<b>Annual Deductible Individual/Family</b>	\$2,000/Individual	\$1,000/Individual \$2,000/Family	None	None	None
<b>Annual Out-of-Pocket Max Individual/Family</b>	\$6,350/Individual \$12,700/Family	\$2,000/Individual \$4,000/Family	\$1,500/Individual \$3,000/Family	\$1,500/Individual \$3,000/Family	\$15,000/Individual Unlimited/Family
<b>Member Co-Insurance</b>	40%	N/A	N/A	10%	30%
<b>Physician Services</b>					
<b>Primary Care</b>	\$50 Copay*	\$40 Copay*	\$25 Copay	\$30 Copay	\$65 Copay
<b>Specialist Visits</b>	\$100 Copay*	\$40 Copay*	\$25 Copay	\$30 Copay	\$65 Copay
<b>Preventive Care</b>	No Copay*	No Copay*	No Copay	No Copay	30%
<b>Hospital Services</b>					
<b>Inpatient Hospitalization</b>	40%	\$500/Admit*	No Charge	No Charge	30%
<b>Outpatient Surgery</b>	40%	No Charge	No Charge	No Charge	30%
<b>Diagnostic X-Ray &amp; Lab</b>					
<b>X-Ray/Lab</b>	40%*	No Charge*	No Charge	No Charge	30%
<b>Urgent and Emergency Care Visits</b>					
<b>Emergency Room</b>	\$500 Copay + 40%	\$250 Copay*	\$250 Copay	10%	10%
<b>Urgent Care</b>	\$50 Copay*	\$25 Copay*	\$25 Copay	10%	30%
<b>Prescriptions (90-day supply)</b>					
<b>Deductible</b>	None	None	None	None	None
<b>Tier 1 (Generic)</b>	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay + Balance Bill
<b>Tier 2 (Preferred Brand)</b>	\$75 Copay	\$45 Copay	\$35 Copay	\$35 Copay	\$35 Copay + Balance Bill
<b>Tier 3 (Non-Preferred Brand)</b>	\$125 Copay	\$60 Copay	\$45 Copay	\$45 Copay	\$45 Copay + Balance Bill
<b>Tier 4 (Specialty)</b>	50% Up to 30-day supply	\$10/\$45/\$60 Copay Up to 30-day supply	\$10/\$35/\$45 Copay Up to 30-day supply	\$10/\$35/\$45 Copay up to 30-day supply	30% Up to 30-day supply

\* Deductible does not apply to the services where the "\*" is notated.

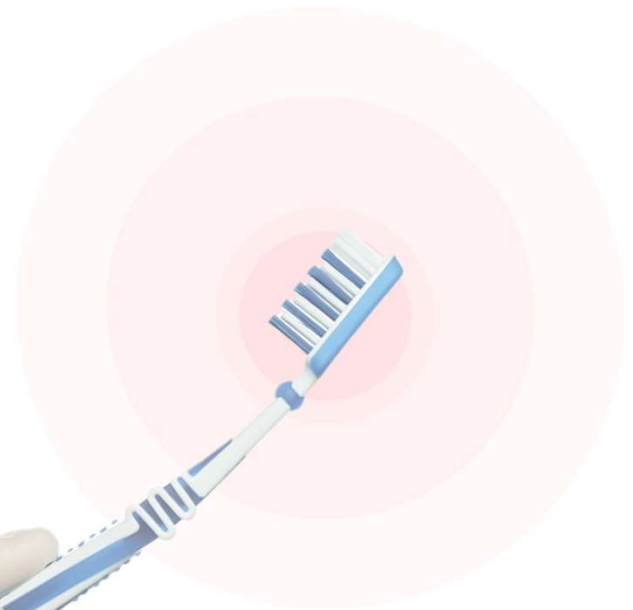
# Dental Coverage

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

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

## Dental Preferred Provider Organization (DPPO):

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



# Vision Coverage

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

	Vision Plan VSP Signature Network	
	In-Network	Out-of-Network Reimbursement
Basic Eye Exam	\$10 Copay	Up to \$50
Lenses	(\$10 Copay for Materials)	
Single Vision	100% Coverage	Up to \$50
Bifocal	100% Coverage	Up to \$75
Trifocal	100% Coverage	Up to \$100
Contact Lenses (in lieu of lenses and frames)		
Elective	\$150 Allowance	Up to \$105
Frames		
Frames	\$150 Allowance	Up to \$70
Benefit Frequency		
Eye Exam	Every 12 Months	
Lenses	Every 12 Months	
Frames	Every 24 Months	

**Benefit enhancement commencing 01/01/2025: LightCare now part of your Vision plan benefit!**





# Basic Life / AD&D Coverage

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

Harris Ranch Beef Company and Harris Feeding Company provides all active employees (and your eligible dependents) with a basic life benefit. Additionally, employees are also provided with (AD&D) benefit through The Standard, free of charge to you!

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

**Benefits reduces by:**

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

Employer Provided Dependent Life	
Spouse/Registered Domestic Partner	\$10,000
Child(ren)—live birth through age 20 (through age 24 if full-time student)	\$10,000

**BENEFICIARY – IMPORTANT INFORMATION:**

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



# Voluntary Life / AD&D Coverage

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

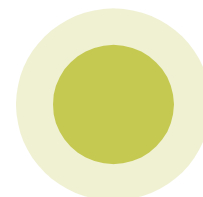
	Employee	Spouse/Domestic Partner	Child(ren)
Coverage Increments	\$5,000	\$5,000	\$10,000
Guarantee Issue Amount	\$150,000	\$50,000	\$10,000
Maximum Amount	\$500,000	\$250,000	\$10,000

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

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

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

To complete an online evidence of insurability form, visit [www.standard.com/mhs](http://www.standard.com/mhs).



# Long Term Disability

Harris Ranch Beef Company and Harris Feeding Company provides you with an employer paid Long Term Disability benefit through The Standard. This coverage provides financial assistance if you are unable to work for an extended period of time due to an illness or injury.

	Class 1 - Benefit Highlights
<b>Class Definition</b>	FT Salaried Exempt Employee with Annual Earnings of \$107,000 or more per year
<b>Coverage Amount</b>	60% of Monthly Salary
<b>Maximum Benefit</b>	\$15,000 per Month
<b>Own Occupation Period</b>	To the end of Maximum Benefit Period
<b>Elimination Period</b>	90 Days
<b>Benefit Duration</b>	SSNRA – Social Security Normal Retirement Age
<b>Pre-existing Conditions</b>	90 day look back; 12-month exclusion of pre-existing condition found during the 90 day look back

	Class 2 - Benefit Highlights
<b>Class Definition</b>	FT Salaried Exempt Employee with Annual Earnings of \$80,000 to \$106,999 per year and were insured under the prior plan prior to 2024
<b>Coverage Amount</b>	60% of Monthly Salary
<b>Maximum Benefit</b>	\$15,000 per Month
<b>Own Occupation Period</b>	To the end of Maximum Benefit Period
<b>Elimination Period</b>	90 Days
<b>Benefit Duration</b>	SSNRA – Social Security Normal Retirement Age
<b>Pre-existing Conditions</b>	90 day look back; 12-month exclusion of pre-existing condition found during the 90 day look back

	Class 3 - Benefit Highlights
<b>Class Definition</b>	FT Salaried Exempt Employee with Annual Earnings less than \$80,000 per year and were insured under the prior plan prior to 2006
<b>Coverage Amount</b>	60% of Monthly Salary
<b>Maximum Benefit</b>	\$15,000 per Month
<b>Own Occupation Period</b>	24 Months
<b>Elimination Period</b>	90 Days
<b>Benefit Duration</b>	SSNRA – Social Security Normal Retirement Age
<b>Pre-existing Conditions</b>	90 day look back; 12-month exclusion of pre-existing condition found during the 90 day look back

# Employee Assistance Program (EAP)

As an eligible employee, you and your dependents will receive confidential support, resources, and services designed to help with issues that may arise personally or professionally. The EAP through The Standard is provided at no cost to you, your dependents (including children to age 26), and all household members. It can help you and your family deal with everyday challenges, including:

- Three assessment and counseling sessions per issue (in person, on the phone, or by video)
- Depression, grief loss, and emotional well-being
- Family, marital, and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation
- Referrals for education, adoption, daily living, and care for your pet, child, or elderly loved one

Contact EAP at (888) 293-6948 or visit [healthadvocate.com/standard3](https://healthadvocate.com/standard3). EAP services are available 24 hours a day, seven days a week, by phone, online, live chat, email, and text. There's also a mobile EAP application!





# Frequently Asked Questions

## What is a Deductible?

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

## What is a Coinsurance?

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

## What is Out-of-Pocket Maximum?

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

## What is In-Network?

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

## What is a Copay?

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



# How to Find a Provider

## Anthem Medical EPO/PPO

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

## Delta Dental PPO

- Visit [www.deltadentalins.com](http://www.deltadentalins.com)
- Click on “Find a dentist” located at the top of the landing page
- Enter the zip code for provider search
- Select a network (Delta Dental PPO or Delta Dental Premier)
- Click on “Find a Dentist”
- Click on “Filter” on the right of the landing page (optional)

## VSP Vision

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



# Employee Premium Contributions

	Weekly Deductions		
	Employee Only	Employee + One	Employee + Two or more
<b>Medical</b>			
Bronze Plan	\$29.00	\$61.00	\$80.00
Ranch Plan	\$34.00	\$65.00	\$85.00
California Plan	\$47.00	\$90.00	\$119.00
Liberty Plan	\$48.00	\$93.00	\$124.00
<b>Dental &amp; Vision</b>			
Dental PPO and Vision	\$3.00	\$4.50	\$8.00
	Bi-Weekly Deductions		
	Employee Only	Employee + One	Employee + Two or more
<b>Medical</b>			
Bronze Plan	\$58.00	\$122.00	\$160.00
Ranch Plan	\$68.00	\$130.00	\$170.00
California Plan	\$94.00	\$180.00	\$238.00
Liberty Plan	\$96.00	\$186.00	\$248.00
<b>Dental &amp; Vision</b>			
Dental PPO and Vision	\$6.00	\$9.00	\$16.00

## Contact Information

Carrier/Company	Coverage	Phone Number	E-mail/Website
Anthem Blue Cross Providers	Medical EPO/PPO	800-442-7247	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Claims & Eligibility	Medical EPO/PPO	800-442-7247	<a href="http://www.healthcomp.com">www.healthcomp.com</a>
Delta Dental	Dental	888-335-8227	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
VSP	Vision	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
The Standard	Life/AD&D	800-628-8600	<a href="http://www.standard.com">www.standard.com</a>
The Standard	Long Term Disability	800-368-2859	<a href="http://www.standard.com">www.standard.com</a>
The Standard	Employee Assistance Program (EAP)	888-293-6948	<a href="http://healthadvocate.com/standard3">healthadvocate.com/standard3</a>
Broker – Lina Juarez	All Coverages	818-224-6194	<a href="mailto:ljuarez@libertycompany.com">ljuarez@libertycompany.com</a>
Harris Ranch Beef	All Coverages	Human Resources: 559-898-5334	
Harris Feeding Company	All Coverages	Human Resources: 559-884-2435	



# Harris Ranch Beef Company & Harris Feeding Company

The information included in this guide is intended as an overview only. It is not a complete description, nor is it a substitute for the applicable plan documents, Summary Plan Descriptions or insurance contracts. In all cases, the official plan documents govern and are the final authority on the terms of the benefit plans. The company reserves the right to modify, amend or terminate the benefit plans at any time and for any reason. Receiving this document or participating in company benefits is not a guarantee of future or continued employment or benefits.

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Effective January 1, 2025

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