



Central Valley Meat Holding Company Corporate Division

2026 Employee Benefits Guide

January 1, 2026 - December 31, 2026

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Open Enrollment & Changes During the Plan Year

Open Enrollment occurs once a year, typically in December, for a January 1st effective date. 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, 2026.

Eligibility

You are eligible to participate in the Central Valley Meat Holding Company 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 for the Medical, Dental, and Vision coverage. Coverage for the Life/AD&D, LTD, and EAP plans begin on the 91st day following employment

You may also elect coverage for your:

- Legal spouse or registered domestic partner
- Dependent children up to the age of 26
- Unmarried children who are physically or mentally incapable of self-support



2026 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

2026 Carriers



Medical



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



Dental



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 |
| Annual Deductible Individual/Family | \$2,000/Individual \$2,000/Family | \$1,000/Individual \$2,000/Family | None | None | None |
| Annual Out-of-Pocket Max Individual/Family | \$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 |
| Member Co-Insurance | 40% | N/A | N/A | 10% | 30% |
| Physician Services | | | | | |
| Primary Care | \$50 Copay* | \$40 Copay* | \$25 Copay | \$30 Copay | \$65 Copay |
| Specialist Visits | \$100 Copay* | \$40 Copay* | \$25 Copay | \$30 Copay | \$65 Copay |
| Preventive Care | No Copay* | No Copay* | No Copay | No Copay | 30% |
| Hospital Services | | | | | |
| Inpatient Hospitalization | 40% | \$500/Admit* | No Charge | No Charge | 30% |
| Outpatient Surgery | 40% | No Charge | No Charge | No Charge | 30% |
| Diagnostic X-Ray & Lab | | | | | |
| X-Ray/Lab | 40%* | No Charge* | No Charge | No Charge | 30% |
| Urgent and Emergency Care Visits | | | | | |
| Emergency Room | \$500 Copay + 40% | \$250 Copay* | \$250 Copay | 10% | 10% |
| Urgent Care | \$50 Copay* | \$25 Copay* | \$25 Copay | 10% | 30% |
| Prescriptions (90-day supply) | | | | | |
| Deductible | None | None | None | None | None |
| Tier 1 (Generic) | \$10 Copay | \$10 Copay | \$10 Copay | \$10 Copay | \$10 Copay + Balance Bill |
| Tier 2 (Preferred Brand) | \$75 Copay | \$45 Copay | \$35 Copay | \$35 Copay | \$35 Copay + Balance Bill |
| Tier 3 (Non-Preferred Brand) | \$125 Copay | \$60 Copay | \$45 Copay | \$45 Copay | \$45 Copay + Balance Bill |
| Tier 4 (Specialty) | 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.

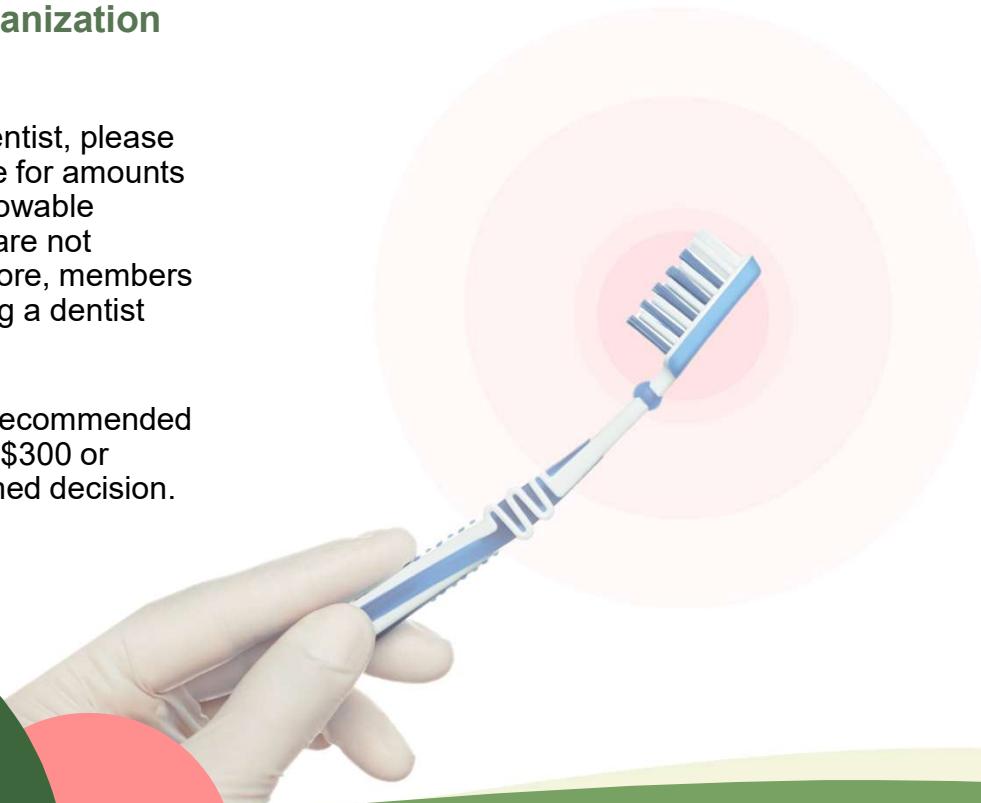
Dental Coverage

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

|  DELTA DENTAL® | Dental PPO Plan | |
|--|---------------------------------------|----------------------------------|
| | In-Network (PPO & Premier) | Out-of-Network |
| Annual Deductible <i>(Waived for In-Network Preventative)</i> | \$50/Individual \$150/Family | \$100/Individual \$300/Family |
| Annual Maximum | | \$1,000/Person |
| Preventive & Diagnostic Services | | |
| Oral Exam, X-rays, Cleanings | No Charge | 20% |
| Basic Services | | |
| Fillings, Simple Extractions | No Charge | 20% |
| Periodontics (Gum Treatment) | No Charge | 20% |
| Endodontics (Root Canals) | No Charge | 20% |
| Major Services | | |
| Crowns, Dentures, Bridges | 40% | 50% |
| Orthodontia – Lifetime Maximum | | |
| Child/Adult Coverage | 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.

| VSP | | Vision Plan VSP Signature Network | |
|--|-----------------------|--------------------------------------|-------------------------------------|
| | | In-Network | Out-of-Network |
| Copays | | | |
| | Basic Eye Exam | \$10 Copay | \$10 Copay |
| | Materials | \$10 Copay | \$10 Copay |
| | | Coverage after Copay | Out-of-Network Reimbursement |
| | Basic Eye Exam | 100% Coverage | 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 | |

LightCare is an available 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.

Central Valley Meat Holding Company Corporate Division 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 to age 26 | \$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

Central Valley Meat Holding Company Corporate Division 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. The Voluntary Life/AD&D plan has an **Annual Open Enrollment Feature** that allows current participating employees to increase their voluntary life/AD&D election by \$10,000 without having to provide an Evidence of Insurability, as long as the new elected amount doesn't exceed the Guarantee Issue Amount.

| | 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.

To complete an online evidence of insurability form, visit www.standard.com/mhs .



Long Term Disability

Central Valley Meat Holding Company Corporate Division provides a select class 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 |
|--------------------------------|--|
| Class Definition | FT Salaried Exempt Employee with Annual Earnings of \$107,000 or more per year |
| Coverage Amount | 60% of Monthly Salary |
| Maximum Benefit | \$15,000 per Month |
| Own Occupation Period | To the end of Maximum Benefit Period |
| Elimination Period | 90 Days |
| Benefit Duration | SSNRA – Social Security Normal Retirement Age |
| Pre-existing Conditions | 90 day look back; 12-month exclusion of pre-existing condition found during the 90 day look back |

| | Class 2 - Benefit Highlights |
|--------------------------------|--|
| Class Definition | 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 |
| Coverage Amount | 60% of Monthly Salary |
| Maximum Benefit | \$15,000 per Month |
| Own Occupation Period | To the end of Maximum Benefit Period |
| Elimination Period | 90 Days |
| Benefit Duration | SSNRA – Social Security Normal Retirement Age |
| Pre-existing Conditions | 90 day look back; 12-month exclusion of pre-existing condition found during the 90 day look back |

| | Class 3 - Benefit Highlights |
|--------------------------------|--|
| Class Definition | FT Salaried Exempt Employee with Annual Earnings less than \$80,000 per year and were insured under the prior plan prior to 2006 |
| Coverage Amount | 60% of Monthly Salary |
| Maximum Benefit | \$15,000 per Month |
| Own Occupation Period | 24 Months |
| Elimination Period | 90 Days |
| Benefit Duration | SSNRA – Social Security Normal Retirement Age |
| Pre-existing Conditions | 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. 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?

Coinurance 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

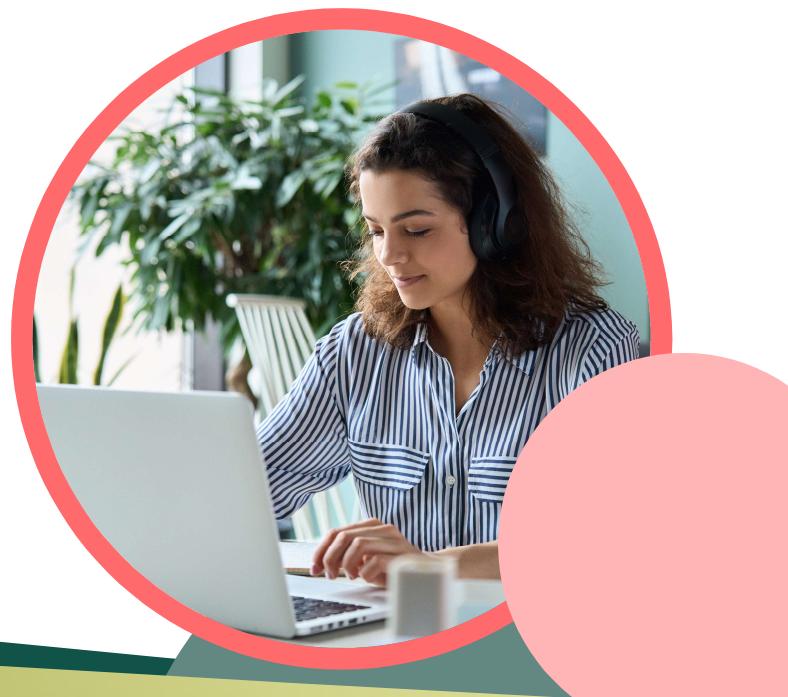
- Visit www.anthem.com/ca
- Click on “Find Care” located at the top right of the landing page
- You may Register or click on “Basic search as guest”
- Select “Medical Plan” for the type of plan you are searching for
- Select “California” for the state where the plan is offered
- Select Medical (Employer-Sponsored) 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
- 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
- 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

| | Bi-Weekly Deductions | | |
|------------------------------|----------------------|----------------|------------------------|
| | Employee Only | Employee + One | Employee + Two or more |
| Medical | | | |
| Bronze Plan | \$58.00 | \$122.00 | \$160.00 |
| Ranch Plan | \$68.00 | \$130.00 | \$170.00 |
| California Plan | \$110.00 | \$209.00 | \$275.00 |
| Liberty Plan | \$112.00 | \$215.00 | \$286.00 |
| Dental & Vision | | | |
| Dental PPO and Vision | \$6.00 | \$9.00 | \$16.00 |

Contact Information

| Carrier/Company | Coverage | Phone Number | E-mail/Website |
|---|-----------------------------------|--------------|--|
| Personify Health for Anthem Blue Cross Providers | Medical EPO/PPO | 800-442-7247 | www.anthem.com/ca |
| Claims & Eligibility | Medical EPO/PPO | 800-442-7247 | www.healthcomp.com |
| Delta Dental | Dental | 888-335-8227 | www.deltadentalins.com |
| VSP | Vision | 800-877-7195 | www.vsp.com |
| The Standard | Life/AD&D | 800-628-8600 | www.standard.com |
| The Standard | Long Term Disability | 800-368-2859 | www.standard.com |
| The Standard | Employee Assistance Program (EAP) | 888-293-6948 | healthadvocate.com/standard3 |
| Broker – Lina Juarez | All Coverages | 818-224-6194 | ljuarez@libertycompany.com |
| Broker – Danny Garcia | All Coverages | 747-228-2433 | danny.garcia@libertycompany.com |
| CVMHC – Human Resources | All Coverages | | 559-829-4460 |



Central Valley Meat Holding Company Corporate Division

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 01, 2026

LIBERTY