



**WESTERN VALLEY
— MEAT COMPANY —**

2026 Employee Benefits Guide



January 1, 2026 - December 31, 2026

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Benefits Program Overview

2026 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 are currently not enrolled
- Cancel your coverage(s)
- Add or delete dependents from your coverage
- Change your benefit election(s)

Changes During the Plan Year

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.

We are pleased to announce that we will continue with our existing carriers and plans and will be adding an Employee Assistance Program (EAP)! The following benefit plans are available to you (and your eligible dependents):

- Base Medical PPO \$6,350 Deductible – Anthem Blue Cross
- Buy-up Medical PPO \$0 Deductible – Anthem Blue Cross
- Dental PPO Plan through Delta Dental
- Vision Plan through VSP
- Employer Paid Life/AD&D Plan through The Standard
- Voluntary Life/AD&D Plan through The Standard
- Employer Paid LTD through The Standard - **For a Select Class**
- Employer Paid EAP through The Standard – **NEW!**



You are eligible to participate in the Western Valley Meat Company Benefits Program if you:

- Are a full-time employee
- Have satisfied the new hire waiting period of 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 you:

- Spouse or Domestic Partner
- Dependent children up to the age of 26
- Children who are physically or mentally incapable of self-support

Enrollment forms must be submitted to the Human Resources Department by December 17, 2025

Medical Coverage

The following chart summarizes the benefits for the medical plans offered to all eligible employees.

personify HEALTH	Anthem. BlueCross Base Plan PPO \$6,350 Deductible		Anthem. BlueCross Buy-up Plan PPO \$0 Deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Calendar Year) Individual/Family	\$6,350/Individual \$12,700/Family	\$6,350/Individual	None	None
Out-of-Pocket Max (Calendar Year) Individual/Family	\$6,350/Individual \$12,700/Family	\$12,700/Individual	\$3,000/Individual \$6,000/Family	\$10,000/Individual
Member Co-Insurance	0%	40%	20%	40%
Physician Services				
Primary Care	\$20 Copay for first 10 visits**, visits 11+ are subject to deductible*	40% after deductible	\$25 Copay	\$50 Copay
Specialist Visits	\$20 Copay for first 10 visits**, visits 11+ are subject to deductible*	40% after deductible	\$25 Copay	\$50 Copay
Preventive Care	No Copay**	40% after deductible	No Copay	Not Covered
Hospital Services				
Hospitalization	\$0 after deductible	40% after deductible	20%	40%
Outpatient Surgery	\$0 after deductible	40% after deductible	20%	40%
Diagnostic X-Ray & Lab				
X-Ray/Lab	Lab: \$20 Copay** X-rays: \$0 after ded.	40% after deductible	20%	40%
Emergency and Urgent Care Visits				
Emergency Room	\$0 after deductible		\$250 Copay + 20%	
Urgent Care	\$20 Copay for first 10 visits**, visits 11+ are subject to deductible*	40% after deductible	\$25 Copay	\$50 Copay
Prescriptions (90 Day Supply)				
Deductible	None	N/A	None	N/A
Generic	\$20 Copay	Not Covered	\$15 Copay	Not Covered
Brand Formulary	\$40 Copay	Not Covered	\$40 Copay	Not Covered
Brand Non-Formulary	50%	Not Covered	\$60 Copay	Not Covered


*Combination of 10 visits max per calendar year between Primary Care Physician, Specialist, and Urgent Care. Any additional office visits are subject to the deductible.

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 and Premier)	Out-of-Network
Annual Deductible (Calendar year)	\$50/Individual \$150/Family	\$100/Individual \$300/Family
Annual Maximum (Calendar year)	\$1,000/Person Maximum Benefit	
Preventive & Diagnostic Services		
Oral Exam, X-rays, Cleanings	No Charge*	20%
Basic Services		
Fillings, 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%* \$1,000/Person Lifetime Maximum	

* Deductible does not apply to the services where the “*” is notated.


Dental Preferred Provider Organization (DPPO)

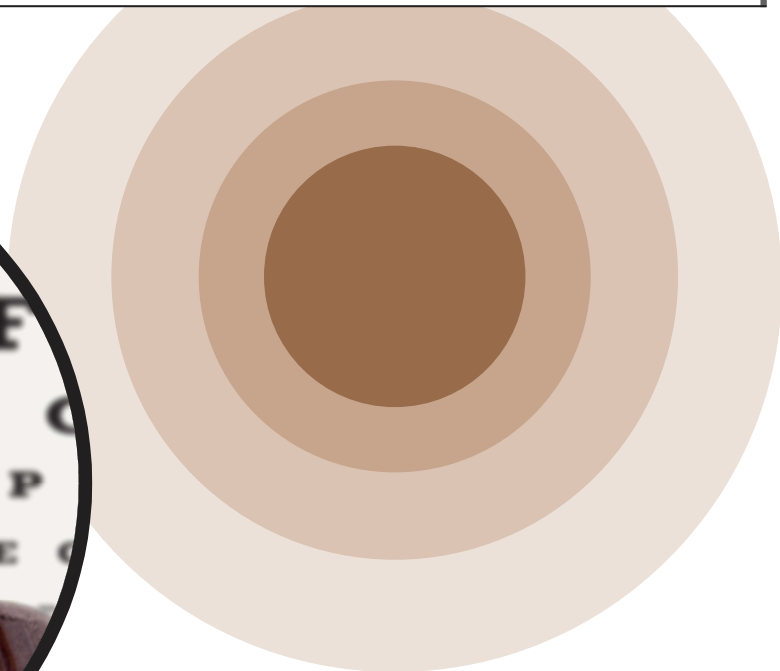
- When visiting an out-of-network dentist, please remember that you are responsible for amounts in excess of charges above the allowable amounts. Out-of-network dentists are not contracted with the carriers; therefore, members may expect to pay more for utilizing a dentist outside of the network.
- A 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
Copays	Eye Exam: \$10 Copay Materials: \$10 Copay	
	Coverage after Copay(s):	Out-of-Network Reimbursement
Basic Eye Exam	100% Coverage	Up to \$50
Lenses		
Single	100% Coverage	Up to \$50
Bifocal	100% Coverage	Up to \$75
Trifocal	100% Coverage	Up to \$100
Frames		
Frames	\$150 Allowance	Up to \$70
Contact Lenses (in lieu of lenses and frames)		
Elective	\$150 Allowance	Up to \$105
Necessary	100% Coverage	Up to \$210
Benefit Frequency		
Eye Exam	Every 12 Months	
Lenses	Every 12 Months	
Frames	Every 24 Months	



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.

Western Valley Meat Company provides all active employees with a basic life benefit. Additionally, employees are also provided with AD&D benefit through The Standard, free of cost to you!

Employer Provided Life Amount	Employer Provided AD&D Amount
\$10,000	\$10,000

Benefit reduces by 35% at age 65 and by 50% at age 70

Voluntary Life/AD&D Coverage

Western Valley Meat Company provides all active full-time 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! You must enroll in this coverage before you can purchase this coverage for your dependent(s). 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 decline 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	\$10,000	\$5,000	\$10,000
Guarantee Issue	\$200,000	\$40,000	\$10,000
Maximum Amount	\$500,000	\$250,000	\$10,000

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

Rates for yourself and your spouses 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.

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.

Long Term Disability

Western Valley Meat Company provides all active FT Salaried Exempt Employees with Annual Earnings of \$107,000 or more per year with Long Term Disability benefit through The Standard, free of cost to you! This coverage provides financial assistance if you are unable to work for an extended period of time due to an illness or injury.

Benefit Highlights	
Class Definition	FT Salaried Exempt Employee with Annual Earning 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	6 month look back; 24-month exclusion of pre-existing condition found during the 6 month 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

1. 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.

2. What is a Coinsurance?

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

3. 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%.

4. 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.

5. 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 PPO

- Visit www.anthem.com/ca
- Click on “Find Care” located at the top right-hand side of the landing page
- Click on “Basic search as a guest”
- From the dropdown menu, select:
 - “Medical Plan or Network” under “Select the type of plan or network”
 - “California” under “Select the state where the plan or network is offered”
 - “Medical (Employer-Sponsored)” under “Select how you get health insurance”
 - “Prudent Buyer PPO” if you are located in California or “National PPO (Blue Card PPO)” if you’re not located in California under “Select a network”
- Enter your search criteria and search

Delta Dental PPO

- Visit www.deltadentalins.com
- Click on “Find a dentist” located at the top right-hand side 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”

VSP Signature Network

- Visit www.vsp.com
- Click on “Find a Doctor” located at the top left-hand side of the landing page
- Enter search criteria and search

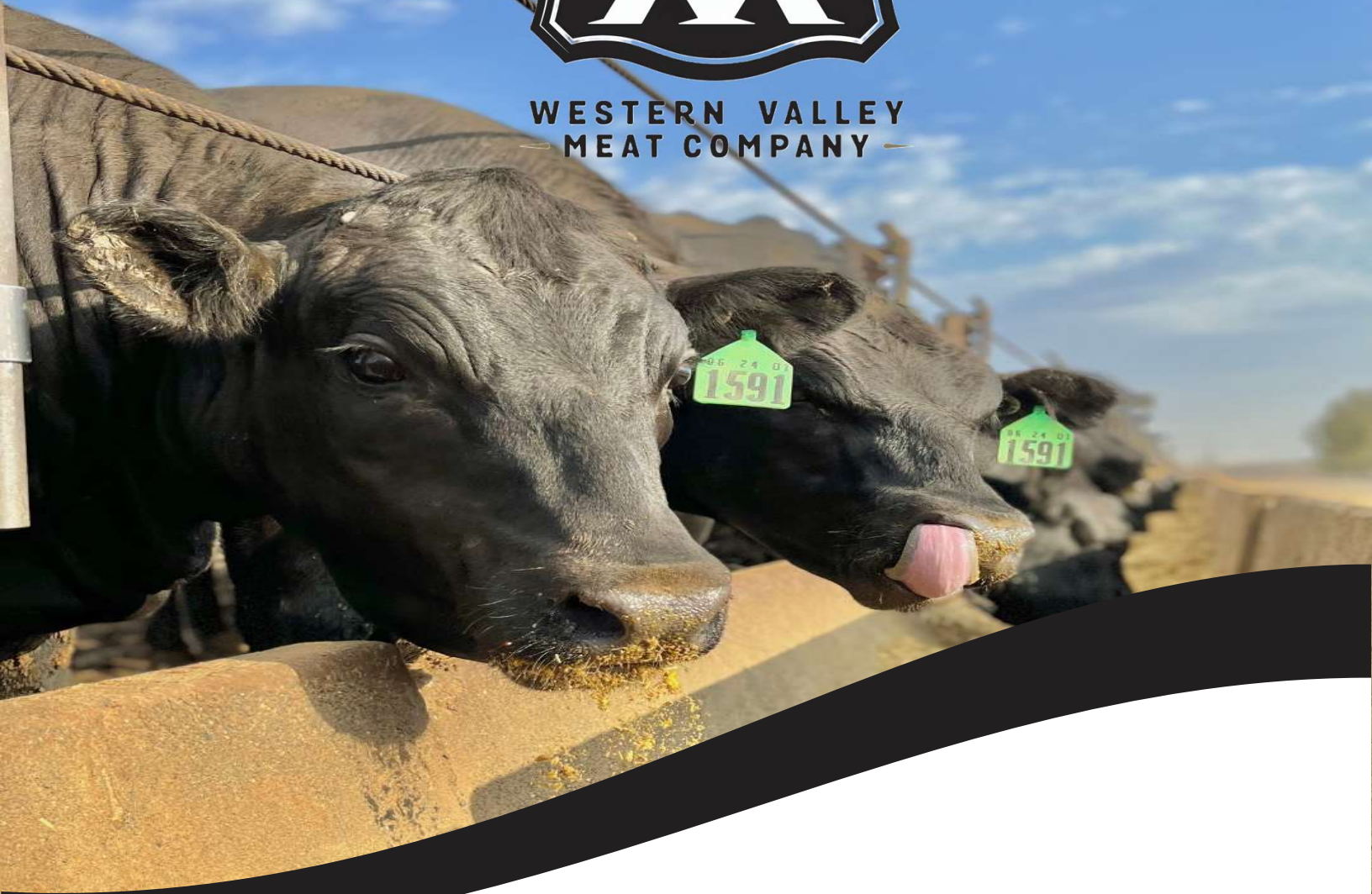
Contact Information

Carrier	Coverage	Phone Number	E-mail/Website
Personify Health for Anthem Blue Cross Providers	Medical	800-442-7247	www.anthem.com/ca
Claims & Eligibility	Medical	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
Western Valley Meat – Human Resources	All Coverages	559-268-5586 x 6121	





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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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