



BROWN PACKING

Salaried &
Administrative
Personnel



*Benefit elections &
documentation are
due to HR within 7
days of hire date!*



2024 Benefits Guide

WELCOME TO YOUR 2024 EMPLOYEE BENEFITS!

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Brown Packing Co., Inc. is pleased to offer you a comprehensive, high-quality benefits package. These company sponsored benefits are an important part of a total compensation package. They represent both a valuable asset to our employees and to their families. We are proud of our compensation benefits program and are committed to continuously improving the plans that make up our benefits offering.

This booklet was designed to guide you through your benefits choices and contains the highlights of your 2024 benefits program. Please read it carefully along with any supplemental materials you may receive.

If you need additional information, including the full plan documents for any of our benefits offered, please reach out to me today. Many of these details are also available on your payroll app, Paycom.

Sincerely,



Steven C. Blanton, Jr.
CFO
864.649.8082
sblanton@bropac.com

**Contact our HR Team for benefit related
questions at 864.649.8288 or payroll@bropac.com**



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The contents of this booklet are meant to be a guide, but in the case of questions, the written plan documents will govern.

CHAPLAIN SERVICES


Brown Packing Co. is pleased to offer you a **personalized** and **proactive Employee Care Service** for you & your immediate family members.

YOUR CARE TEAM IS:

- **AVAILABLE 24/7** to extend care, concern, compassion, and hope to you and your family in any situation.
- **VOLUNTARY** to use; you choose if, when and where to engage chaplains.
- **NEUTRAL** from company operations; all conversations you share with a chaplain are strictly **CONFIDENTIAL** and will not be revealed to company leaders or anyone else.
- **NO COST** to you or your family members.



Location ID:
469
Available for free
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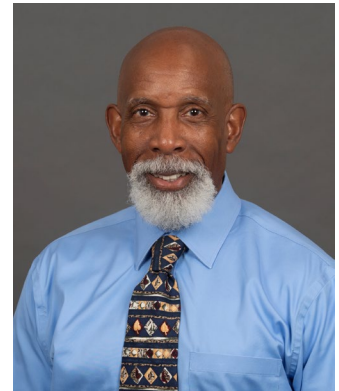
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HOW TO ENROLL

Please review this guide to gain an understanding of the plans being offered prior to completing your enrollment. Elections should be made by utilizing the election form provided by Brown Packing Co., Inc. and returned to Ally Parker in the main office.



Open Enrollment Period

Brown Packing's Annual Enrollment period will be held Nov 1 through Nov 30, 2023.

If making updates to benefits, beneficiaries, or dependents, election forms are due back by noon on Nov 30.

Newly Hired/Eligible Employees

Full-time employees with a schedule of 30 hours per week are eligible for the benefits described in this guide, unless otherwise stated. Coverage is effective the first day of the month following 7 days of continuous full-time employment. Part-time, seasonal, temporary, internship, and contracted employees are not eligible to participate. You must complete enrollment within 7 days of your hire date.

Benefit Changes

All eligible employees may enroll or make changes to their benefits during the annual enrollment period. Once you complete your benefit elections, you cannot make changes until the next annual enrollment period unless you experience a qualifying status change such as:

- Change in employee's legal marital status.
- Birth, adoption or change in custody of an eligible dependent.
- Death of a covered dependent.
- Change in your employment status (i.e., full-time to part-time).
- Change in your spouse's employment status.
- Gain or loss of a dependent's eligibility because of age change or student status change.
- Loss of other coverage (i.e., spouse's health plan coverage ends or Medicare or Medicaid eligibility ends).
- Legal decree, judgment or order (i.e., Qualified Medical Child Support Order – QMCSO).

All Section 125/Cafeteria Plan pretax elections will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in status as defined in Section 125 of the IRS Code or a Special Enrollment under HIPAA regulations. **You are responsible for reporting a change in status, and you must make any changes to your elections within 60 days for the loss/gain of Medicaid or State Children's Health Program or 30 days for all other events.**

You must notify Ally Parker within 30 days of a qualifying life event in order to make changes to your benefit elections.

Pre-Tax Benefits

Brown Packing Co., Inc. benefit plans utilize Section 125 of the IRS Code which enables you to pay premiums for medical, dental, and vision benefits on a pretax basis. When you use pretax dollars you will reduce your taxable income and have fewer taxes taken out of your paycheck. If you elect to enroll in benefits under the plan, you are required to maintain your benefit election(s) until the next annual enrollment, unless the revocation and new election are on account of and consistent with a change in status as defined by Section 125 of the IRS Code or a Special Enrollment under HIPAA regulations.

DEPENDENT ELIGIBILITY & VERIFICATION

Your dependents are eligible to participate in Brown Packing Co., Inc.'s benefit plans. Coverage for eligible dependents generally begins on the same day your coverage is effective. Completed enrollment serves as a request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

Your eligible dependents include*:

- A Spouse to whom you are legally married
- Domestic Partner
- Dependent children can be covered on the medical and vision plans up to age 26. Unmarried dependent children can be covered on the dental plan up to age 26. Coverage may extend beyond age 26 for disabled dependents.

When you enroll your dependents you must provide proof of their eligibility when they are first enrolled.

Acceptable documents include the following for each dependent:

Spouse (choose one)

- Marriage license/certification and Social Security card
- Most recently filed joint tax return

Domestic Partner (all bulleted information is required)

- Proof of shared residence for minimum one year
- Affidavit of domestic partnership
- Provide three of the following :
 1. Joint mortgage or lease
 2. Documentation of shared household expenses (such as utilities)
 3. Joint ownership of a bank or credit account
 4. Joint title of at least one vehicle
 5. Designation of domestic partner as primary beneficiary on your life insurance or retirement benefits, or beneficiary in a legal will or durable power of attorney
 6. Durable property and healthcare powers of attorney
 7. Registration of domestic partnership or civil union in a state that recognizes such relationships

Children (choose one)

- Birth certification and Social Security card
- Court document validation adoption or guardianship and Social Security card
- Most recently filed tax return with dependent information

*Additional carrier conditions may apply and may vary by state.

Have Marriage Certificate or other proof of marriage, as well as Birth Certificates on Children available for all dependents and beneficiaries prior to completing your enrollment.



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HEALTH & WELLNESS CLINIC



HOURS

8:30 am – 4:00 pm on
Monday, Wednesday, and Friday

APPOINTMENTS

clinic@bropac.com | 864.649.8090
Appointments are not necessary, but they are helpful.

Spouses covered by Brown Packing Health Insurance can see the nurse practitioner free of charge! The health and wellness clinic provides you with a convenient and low-cost healthcare alternative. Clinics are open to you and your spouse/domestic partner for primary care, preventative screenings and exams, prescription drug services, and health coaching. All personal health services are confidential, just like going to the doctor's office.

HOW MUCH DOES IT COST?

FREE to all employees of Brown Packing and Spouses covered by our health insurance plan.
On-Site Nurse Practitioner not available to children. Children cannot enter plant sites with an employee or spouse.

PREVENTATIVE HEALTH SERVICES

- Routine Physical / Wellness Check, Wellness Counseling
- vital signs: temperature, blood pressure, respiratory rate, heart rate
- birth control
- mammogram referral
- Immunizations

CHRONIC CONDITION AND DISEASE MANAGEMENT OR CARE COORDINATION

- Eating & weight disorders, cardiac health, COPD, diabetes, hyperlipidemia, hypertension, thyroid conditions, asthma, allergies, arthritis, gout, acid reflux, & psychiatric disorders

LABORATORY SERVICES SAMPLES ON-SITE

- Urinalysis
- urinary tract infection, hematuria, electrolyte balance, renal function
- Phlebotomy
- lipid panel/cholesterol screening – LDL, HDL, VLDL, triglycerides, HDL to LDL ratio
- pregnancy testing
- medication level monitoring
- complete metabolic panel

ACUTE / EPISODIC DIAGNOSIS & TREATMENT

- Conjunctivitis, Sore and strep Throat, Earache / Infection, Cold / Influenza, Bronchitis, Laryngitis, and sinusitis
- Ulcers, Reflux Disease, Constipation, Diarrhea, and Urinary Tract Infection
- Abrasions / Contusions - simple laceration cleaning and repair, wound care (non-complex), and suture removal
- Acne, Rashes, Shingles, Contact Dermatitis, Allergic Dermatitis, Eczema, Psoriasis, and Hives



**BROWN
PACKING**

WELLNESS PROGRAM

As the cost of healthcare continues to rise dramatically each year so does Brown Packing Co., Inc.'s health care costs and employee insurance premiums. Under the Wellness Program, participants who (1) complete a biometric screening, and (2) complete a post-biometric screening follow up will pay less for their health insurance in the following year!

Participation in this Wellness Program is completely voluntary. An eligible employee will become a participant in this Wellness Program on the same day that he or she becomes a participant in the Medical Plan.

What's in it for me?

If you choose to participate in the Wellness Program will receive a \$9.00 per week discount off the cost of Medical coverage!

Step 1: Biometric Screening Component

Each Plan Year, participants must complete a biometric screening (1) at the onsite Wellness Clinic or (2) at a local medical clinic or practitioner's office of the participant's choosing.

The biometric screening results must be provided to the Wellness Clinic by certain deadlines, which are based on whether the participant is an Ongoing Employee or a New Hire / Re-Hire.

Step 2: Post-Biometric Screening follow up

Once a participant has completed the biometric screening, the participant must complete a post-biometric screening follow up. This must be completed (1) at the Wellness Clinic, and (2) within sixty (60) days of when the biometric screening was performed. Remote Employees may complete the post-biometric screening follow up at a local medical clinic or practitioner's office of the Remote Employee's choosing.



Type of Screening	Qualifying Timeline	Payroll Start Date
Screening & Review to Qualify in the Current Year	January 1 – Last Friday in June	2 nd Payroll Date in July
Screening Deadline for Next Year	January 1 – First Friday of October	1 st Payroll Date in the New Year
Review Deadline for Next Year	January 1 – 2 nd Friday of November	1 st Payroll Date in the New Year
Submitting and Verifying private party screening by NP Office for Next Year	January 1 – 3 rd Friday of October	1 st Payroll Date in the New Year

The Wellness Program has **specific requirements** that must be fulfilled before participants are entitled to receive a benefit. Please review the Wellness Program document carefully as **no exceptions will be made.**

Get started today by calling 864.649.8090 or emailing clinic@bropac.com

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MEDICAL COVERAGE

Medical insurance is designed to protect you and your family from high or unexpected healthcare expenses and to make medical treatment more affordable. Benefits of the plan are paid directly to doctors and hospitals. Understanding how to access the medical care you need will help save you money and time.

Medical PPO Plan Details

	In Network (Member Pays)	Out of Network (Member Pays)
Deductible	\$700 Individual / \$1,400 Family	\$700 Individual / \$1,400 Family
Out-of-Pocket Maximum (Includes deductible, copays, coinsurance)	\$3,000 Individual / \$6,000 Family	\$4,000 Individual / \$8,000 Family
Coinsurance	20%	40%
Office Visit	\$15 copay, then 100%*	Deductible, then 40%
Hospital – Inpatient	Deductible, then 20%	Deductible, then 40%
Hospital – Outpatient	Deductible, then 20%	Deductible, then 40%
Emergency Room – Accident	100%* up to \$500, then 20%	100%* up to \$500, then 20%
Emergency Room – Sickness	\$50 copay, then 20%	\$50 copay, then 20%
Wellness Services	100%*	Deductible, then 40% (annual physical exam & well-child care are not covered)
Rx Cost – Retail 30-day supply	Generic: \$10 copay* Preferred: \$40 copay* Non-Preferred: 20% coinsurance after deductible, up to \$150	Not Covered
Rx Cost – Mail Order 90-Day Supply	Generic: \$30 copay* Preferred: \$120 copy* Non-Preferred: 20% coinsurance after deductible, up to \$150	Not Covered

*Deductible waived

Dependent Child Eligibility: Up to age 26 at end of month

Costs (pretax) *Per Pay Period – 52 per year*

	Wellness Program participant	Nonwellness participant
Employee Only	\$38.00	\$47.00
Employee + Spouse	\$90.00	\$99.00
Employee + Child(ren)	\$70.00	\$79.00
Employee + Family	\$100.00	\$109.00

Save money with Generic drugs.

If Preferred is chosen when Generic is available, you are required to pay the difference between the cost of Preferred and Generic, in addition to the applicable copay and coinsurance.

COBRA Monthly Cost

Employee Only	\$817.86
Employee + Spouse	\$1,635.72
Employee + Child(ren)	\$1,513.04
Employee + Family	\$2,412.69

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Member Portal Quick Start Guide



Member Portal Access Instructions

Registration

1. Visit **MyPAI Customer Login** at paisc.com.
2. Click on **Select your portal** and choose **Member Portal**.
3. Click on **Create account**, accept the license agreement, click **Next**, and follow the prompts. Enter your name exactly as shown on your member ID card. For security, a new account is required and a two-step authentication process has been added. Your Member ID Number is on your ID Card.
4. Once completed, an email is sent confirming success of the sign up process.

Are you a dependent?

Member ID

.....

First Name

John F.

Date of Birth

07/04/1972

Format mm/dd/yyyy

Group Number

000

Last Name

Doe, Jr.

ABC SALES COMPANY

Member Name: _____ Group #: 000

JOHN F. DOE, JR.

Medical ID#: 12345678

Pharmacy ID#: 12345678

PAI Customer Service: 1-800-768-4375

(Continued on back side.)

Logging In

Once you have registered for the Member Portal, you may use your username and password to sign in. The **Sign in** button is on the Member Portal home screen.

Sign in to your account

Username

Password

[Forgot your username or password?](#)

[Sign in](#) [Create account](#)

Once logged in to the Home page, you can see dashboards containing your coverage summary, claim information and Quick Links.

Welcome Back, JOHN!

Member ID: 12345678 | Group Name: ABC Sales Company | Group Number: 000

Deductible and Out-of-Pocket Balances

2021 Benefit Year Out of Pocket

\$86.34 | \$3000.00

[View all balances](#)

Recent Claims

CLAIM NUMBER	DATE OF SERVICE	PROVIDER	CLAIMTYPE
1020345678	5/13/2021	ST FRANCIS PHYSICIAN SERVICES	ME

Quick Links:

- [Claim Access Authorization](#)
- [View/Print Your ID Cards](#)
- [Find A Provider](#)
- [Health Management Programs](#)
- [PAI Pharmacy Benefits](#)

Access to Adult Dependent Claims Data

Due to HIPAA privacy rules, you or your family members are not able to view online claims information for your spouse or dependent over age 16 without their consent. The **Claims Access Authorization** option on the home screen allows the member to grant (or deny) access to other family members to see their health care claims or eligibility. To use the **Claims Access Authorization**, the spouse and each dependent over the age of 16 on the plan, MUST FIRST create their own member account. Once this is completed, the member and the spouse can use the **Claims Access Authorization** feature to request access to your dependent's account(s) to view claims.

- By default, all members can see their own information and all dependents under 16.
- A member's spouse can see their own information and all dependents under 16.
- Dependents can only see their own information.

NOTE: You are only able to grant/deny access to family members that have an online account. As such, all dependents over the age of 16 must create their own account before the member or spouse is able to engage the Grant/Deny Access feature to see dependent claims.

Request Access: If you would like to request access to one of your family member's online claims information, you may click on **Request Access** next to their name and send an email to your family member requesting they authorize your access. **Again, they will need to sign up for an online account to grant your access to their information.**

Grant/Deny Access: Once you have created your account, if you would like to authorize your family members access to your online claims information, you may do so by clicking on the **Grant** button next to their name. You are also able to **Deny** access to your online claims information.



IMPORTANT INFORMATION ABOUT YOUR MEMBER PORTAL

Ventegra is keeping you informed – because knowledge is power. Stay on top of your prescription drug benefits with the Ventegra Member Portal.

Secure, 24-hour online access to:

- Accumulated Deductible and Maximum Out-of-Pocket (MOOP) Amounts
- Participating Pharmacies
- Drug Fill History Including Medication Information Sheet
- Drug Pricing Estimates
- Alternative Pharmacy Pricing Tool
- Member ID Cards
- Customer Service Contact Information

Registration is easy – takes only a few minutes!

1. Visit the Ventegra Member Portal at: myventegra.com

2. Select the “Sign Up” link

Enter your member ID, name, and date of birth

3. Create your Account by providing an email address and password

4. Verify Email Address

Verify your email address using the 6-digit code sent to you. If you do not receive your code in a reasonable time, please check your spam or junk email folder.

Questions?

We pride ourselves in providing clear and open communication with members. If you have any questions, please contact our Customer Care Team.

by phone

1-877-867-0943

- Mon – Fri: 8:00 AM to 12:00 AM (ET)
- Saturday: 10:00 AM to 10:00 PM (ET)
- Sunday: 10:30 AM to 7:00 PM (ET)

If you reach us outside these hours, you can leave us a voicemail. We will respond to your question within the next business day.



by email

Our Customer Care Team is available via email at:

CCT@ventegra.com



by chat

Our Customer Care Team is available by “Live Chat” on:

ventegra.com




! The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, contact PAI at 1-800-768-4375 or visit www.paisc.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other undefined terms see the Glossary. You can view the Glossary at www.paisc.com or call 1-800-768-4375 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$700 individual / \$1,400 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care, primary care, prescription drugs and urgent care are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For network providers \$3,000 individual / \$6,000 family For out-of-network providers \$4,000 individual / \$8,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, penalties, balance-billing charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.paisc.com or call 1-800-768-4375 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.


 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 copay/visit; deductible does not apply	40% coinsurance	Includes primary care visits for mental/behavioral health and substance abuse services. Services rendered at the on-site clinic are covered at no charge to employees only.
	Specialist visit	\$15 copay/visit; deductible does not apply	40% coinsurance	None
	Preventive care/screening/immunization	No charge; deductible does not apply.	40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for. Annual physicals, well child care and immunizations are not covered at out-of-network providers. Routine gynecological exams, prostate exams and annual physicals are limited to one per coverage period. Routine mammograms are limited to one mammogram between the ages of 35 and 39 and each year for women 40 and over. Routine colonoscopies are subject to ACA age guidelines.
If you have a test	Diagnostic test (x-ray, blood work)	\$15 copay/test when associated with an office visit; deductible does not apply	40% coinsurance	Tests associated with an office visit but billed separately: 20% coinsurance after deductible for network providers and 40% coinsurance after deductible for out-of-network providers.
	Imaging (CT/PET scans, MRI(s))	20% coinsurance	40% coinsurance	None


* For more information about limitations and exceptions, see the plan or policy document at www.paisc.com.

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.paisc.com .	Generic drugs	\$10 <u>copay</u> /prescription (retail); \$30 <u>copay</u> /prescription (mail order); <u>deductible</u> does not apply to <u>prescription drugs</u>	Not Covered	Multiple <u>copays</u> apply when more than one months supply is purchased at one time (i.e., for a 60 day supply, patient would be responsible for 2 <u>copays</u> , for a 90 day supply, patient would be responsible for 3 <u>copays</u> .) If a brand name drug is purchased when a generic drug is available, member is required to pay the difference between the cost of the brand name drug and the generic drug, in addition to the applicable <u>copay</u> and <u>coinsurance</u> equal to 20% of brand cost. <u>Prescription drugs</u> are subject to the following programs: Prior Authorization, Step Therapy and Quantity Management.
	Preferred brand drugs	\$40 <u>copay</u> /prescription (retail); \$120 <u>copay</u> /prescription (mail order); <u>deductible</u> does not apply to <u>prescription drugs</u>	Not Covered	
	Non-preferred brand drugs	20% <u>coinsurance</u> after <u>deductible</u> (up to a maximum of \$150)	Not Covered	
	<u>Specialty drugs</u>	\$200 <u>copay</u> /prescription (per 30 day supply)	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	Accidental injury: No charge up to \$500, then 20% <u>coinsurance</u>	Accidental injury: No charge up to \$500, then 20% <u>coinsurance</u>	Emergency Room Charges for Illness: \$50 <u>copay</u> then 20% <u>coinsurance</u> after deductible. Physician Charges for Illness: 20% <u>coinsurance</u> after deductible.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Urgent care</u>	\$15 <u>copay</u> /visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None

* For more information about limitations and exceptions, see the plan or policy document at www.paisc.com.

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Preauthorization is required. If you do not get <u>preauthorization</u> , room and board charges will be denied.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Preauthorization is required. If you do not get <u>preauthorization</u> , a \$200 penalty will apply.
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Preauthorization is required. If you do not get <u>preauthorization</u> , room and board charges will be denied.
If you are pregnant	Office visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Cost sharing does not apply to certain preventive services. Depending on the type of services, copayment may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Preauthorization is required. If you do not get <u>preauthorization</u> , room and board charges will be denied.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	

* For more information about limitations and exceptions, see the plan or policy document at www.paisc.com.

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	Limited to 100 visits per coverage period. <u>Preauthorization</u> is required. If you do not get <u>preauthorization</u> , a \$200 penalty will apply.
	Rehabilitation services	20% coinsurance	40% coinsurance	<u>Preauthorization</u> is required. If you do not get <u>preauthorization</u> , room and board charges will be denied.
	Habilitation services	20% coinsurance	40% coinsurance	
	Skilled nursing care	20% coinsurance	40% coinsurance	<u>Preauthorization</u> is required. If you do not get <u>preauthorization</u> , room and board charges will be denied.
	Durable medical equipment	20% coinsurance	40% coinsurance	<u>Preauthorization</u> required if charges are \$500 or more.
	Hospice services	20% coinsurance	40% coinsurance	<u>Preauthorization</u> is required. If you do not get <u>preauthorization</u> , a \$200 penalty will apply. Bereavement counseling is covered if within 12 months of death.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Vision screening covered for child at no charge under ACA.
	Children's glasses	Not covered	Not covered	Not Applicable
	Children's dental check-up	Not covered	Not covered	Pediatric Oral Exam covered at no charge per ACA guidelines.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Private-duty nursing

* For more information about limitations and exceptions, see the plan or policy document at www.paisc.com.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform/ / Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323x61565 or www.cciio.cms.gov/ / Planned Administrators Inc. at 1-800-768-4375 or visit www.paisc.com. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform/ / Planned Administrators Inc. at 1-800-768-4375 or visit www.paisc.com or you can contact your employer's human resources department at 1-864-489-5723.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-768-4375.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-768-4375.
Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-768-4375.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-768-4375.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

* For more information about limitations and exceptions, see the plan or policy document at www.paisc.com.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$700
- **Specialist copayment** \$15
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$700
Copayments	\$10
Coinsurance	\$2,290
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,060

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$700
- **Specialist copayment** \$15
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$100
Copayments	\$1,000
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,120

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$700
- **Specialist copayment** \$15
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$700
Copayments	\$50
Coinsurance	\$400
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,150

The plan would be responsible for the other costs of these EXAMPLE covered services.



DENTAL COVERAGE

Dental insurance provides you and your family with access to quality dental care for preventive services as well as reduced out-of-pocket costs for basic and major services.

Dental Plan Details

Deductible (Calendar Year; Applies to Type 2 and 3 services only)	\$50 Individual / \$150 Family
Type 1 Services (oral exams, cleanings every 6 months, X-rays)	Plan pays 100%
Type 2 Services (extractions, anesthesia, restorative amalgams)	Plan pays 80%
Type 3 Services (periodontics, onlays, crowns, crown repair, endodontics)	Plan pays 50%
Annual Maximum Benefit	\$2,000 per insured

Dependent Child Eligibility: Up to age 26 at end of month

Out of Network Providers

Providers that do not participate with your insurance plan can “balance bill” you for any difference between their charge and what the plan pays. Using non-participating providers may result in significant patient liability.

Costs (pretax) Per Pay Period – 52 per year

Employee Only	\$ 5.14
Employee + Spouse	\$13.82
Employee + Child(ren)	\$15.16
Employee + Family	\$21.53

COBRA Monthly Costs

Employee Only	\$22.73
Employee + Spouse	\$61.09
Employee + Child(ren)	\$67.02
Employee + Family	\$95.16

The contents of this booklet are meant to be a guide, but in the case of questions, the written plan documents will govern.



A Vision Plan for Everyone

All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits. Each plan year, you'll receive an eye exam, a flexible eyewear allowance, and a contact lens fitting.

Plan Features



Flexible Eyewear Allowance

Purchase exactly what you want—frames, lenses, contact lenses, sunglasses, special lens options, and any combination of these items. If the eyewear you want is sold in an optical shop, it's covered!



Don't Need Prescription Glasses?

Non-prescription eyewear, including blue-light blocking glasses, sunglasses, safety glasses, and readers, is covered by your CEC vision plan. Don't need prescription lenses? This is a great way to use your annual eyewear allowance!



Expansive Provider Network

CEC's network includes optometrists, ophthalmologists, and national retail optical chains, ensuring you can easily find a provider that meets your needs. Visit cecvision.com/search to find an in-network provider near you.



Vision Care is Important

Even if you have perfect vision, your annual eye exam is critical to your overall health and wellness. Common diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be identified during an eye exam. Your exam is covered-in-full. You just cover the copay.



Member Portal

Our Member Portal gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card, and more! Log in at:

cecvision.com/members/login.



Prefer to Shop Online?

Eyeconic offers CEC members special discounts when using the promo code **CECMEMBERS**. To save online, visit:

cecvision.com/members/special-offers/eyeconic

Your CEC Vision Benefits Summary

Company: Brown Packing Co., Inc.



CEC Coverage Effective Date: 01/01/2024

175 PLAN

Frequency: All benefits renew every 12 months.

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT
Exam	An annual routine eye exam.	\$10	Up to \$50 minus the copay
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None
Eyewear	An annual \$175 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$20	Up to 85% of flexible allowance minus the copay
Contact Lens Fitting	An annual fitting or evaluation.	\$10	Up to \$48 minus the copay

WEEKLY RATES	
Employee Only	\$1.75
Employee + Spouse	\$3.42
Employee + Child(ren)	\$3.55
Employee + Family	\$5.45

ADDITIONAL SAVINGS	
Additional Pairs of Glasses	Members receive a 20% savings on additional pairs of prescription and non-prescription glasses from most CEC in-network providers within 12 months of their last eye exam.
LASIK Discounts	Members are eligible for discounts from participating providers, including QualSight LASIK, TLC Laser Eye Center, LasikPlus, and the LASIK Vision Institute.
Special Offers	A variety of special offers are available to CEC members. Visit cecvision.com/members/special-offers for additional information!

COBRA MONTHLY RATES	
Employee Only	\$7.74
Employee + Spouse	\$15.12
Employee + Child(ren)	\$15.69
Employee + Family	\$24.09

Benefits may vary by location.
 CEC Community Eye Care is a registered trademark of VSP Vision.
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 Rev. 10/2023

Questions about your benefits?

Visit us online at cecvision.com or call **888-254-4290**.



Group Short Term Disability Insurance

Protect your income and those who depend on it.

This coverage replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that is not work-related

? About This Coverage

See the Important Details section for more information, including requirements, exclusions and definitions.

What Your Benefit Provides

This is the benefit you'd receive if you were to suffer a qualifying disability. Eligible earnings are your weekly insured predisability earnings, as defined by the group policy. Your benefit amount will be reduced by deductible income; see the Important Details section for a list of deductible income sources.

60% of Regular Weekly Earnings up to \$700

Benefit Waiting Period

If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your weekly benefit.

7 days for accidental injury

7 days for physical disease, pregnancy or mental disorder

Extended Benefit Waiting Period

This applies if you do not apply for this coverage within 31 days of becoming eligible, were eligible for coverage under a prior plan for more than 31 days but were not insured, or if your insurance ends because you failed to pay your premium and is later reinstated.

60 days for any qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage.

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive a weekly disability benefit.

90 days

☰ Additional Features

Your coverage comes with some added features:

Help with Returning to Work

If a worksite modification would enable you to return to work, we can help your employer make approved modifications by covering some or all of the cost.

💰 How Much Your Coverage Costs

Because this insurance is offered through Brown Packing Co., Inc., you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on your benefit amount.

Use this formula to calculate your weekly premium payment:

$$\begin{array}{ccccccc} \underline{\hspace{2cm}} & \times & \underline{0.60} & \times & \underline{0.01581} & = & \underline{\hspace{2cm}} \\ \text{Enter your weekly} & & \text{Percentage of} & & \text{Rate} & & \text{Estimated Weekly} \\ \text{earnings (cannot} & & \text{earnings received} & & & & \text{Premium} \\ \text{be more than} & & & & & & \\ \text{\$1,166.67).} & & & & & & \end{array}$$

Not being able to work also means not being able to earn a paycheck. As you consider Short Term Disability insurance, think about the expenses you would need to cover if you were to become disabled:

- Mortgage or rent
- Utilities
- Groceries
- Medical bills
- Car insurance
- Childcare costs

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/disability/needs.

Important Details

Here's where you'll find the details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- A regular employee of Brown Packing Co., Inc.
- Actively working at least 30 hours per week
- A citizen or resident of the United States or Canada

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period*
- Apply for coverage and agree to pay premiums
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

*Defined as first of the month that follows 7 consecutive days as a member

Definition of Disability

You will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent in your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder

or riot

- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- An activity arising out of or in the course of any employment for wage or profit

Limitations

Short Term Disability benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your predisability earnings in your own occupation but you elect not to
- Eligible to receive benefits for your disability under a workers' compensation law or similar law

When Your Benefits End

Your Short Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Long term disability benefits become payable to you under a Long Term Disability plan
- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- You fail to provide proof of continued disability and entitlement to benefits
- You pass away

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to

receive while receiving Short Term Disability benefits. Deductible income includes:

- Amounts under unemployment compensation law
- Amounts because of your disability from any other group insurance
- Any retirement or disability benefits received from your employer's retirement plan which are not attributable to your contributions
- Amounts under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you work as much as your disability allows
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while Short Term Disability benefits are payable
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy (or your employer's coverage under the group policy) terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Brown Packing Co., Inc. ends participation in the group policy

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP399-STD, GP899-STD, GP309-STD, GP209-STD, GP399/ASSOC, GP399-STD/TRUST

[Standard Insurance Company](http://www.standard.com)
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 12503-D-SC-162660 (10/23)
7448083-1079226



Group Long Term Disability Insurance

Group Long Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The cost of this insurance is paid by Brown Packing Co., Inc. and may be added to your gross monthly income. If premium payments are made with "after-tax" dollars, benefits are federally tax-free under current federal tax law.

Eligibility

Definition of a Member	You are a member if you are a regular salaried employee and Office Personnel of Brown Packing Co., Inc., actively working at least 30 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows 7 consecutive days as a member.

Benefits

Monthly Benefit	60 percent of the first \$20,833 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Monthly Benefit	\$12,500
Minimum Monthly Benefit	\$100
Benefit Waiting Period	90 days

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Other Features and Services

- 24 hour coverage, including coverage for work-related disabilities
- Employee Assistance Program
- Reasonable Accommodation Expense Benefit
- Rehabilitation Incentive Benefit
- Rehabilitation Plan Provision
- Return to Work Incentive
- Survivors Benefit
- Temporary Recovery Provision
- Waiver of Premium while Long Term Disability benefits are payable

This information is only a brief description of the group Long Term Disability insurance policy sponsored by Brown Packing Co., Inc. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and Brown Packing Co., Inc. may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13271-D-SC-162660 (10/23)

7449684-1080280



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Brown Packing Co., Inc.

Eligibility

Definition of a Member	You are a member if you are a regular employee of Brown Packing Co., Inc. and actively working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 1 - Salaried and Office Personnel Members
Eligibility Waiting Period	You are eligible on the first of the month that follows 7 consecutive days as a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$75,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 50 percent at age 70.

Other Basic Life Features and Services

- Accelerated Death Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Family Benefits Package
- Helmet Benefit
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Brown Packing Co., Inc. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Brown Packing Co., Inc. may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 22165-D-SC-162660-C1 (10/23)

7449684-1080279



Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die

Ⓢ About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance		
How Much Can I Apply For?	For You:	\$10,000 – \$250,000 in increments of \$10,000
AD&D Insurance		
The benefit is paid if you are seriously injured or pass away as a result of a covered accident.		
What Does My AD&D Benefit Provide?	For You:	The AD&D insurance coverage amount matches what you elect for Additional Life insurance.
Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.		

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

☰ Additional Feature

Life Insurance

Accelerated Death Benefit

If you become terminally ill, you may be eligible to receive up to 80 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

How Much Your Coverage Costs

Your Basic Life insurance is paid for by Brown Packing Co., Inc. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Voluntary Employee Term Life and AD&D coverage options

\$10,000 - \$250,000 in increments of \$10,000

AD&D Benefit

The AD&D insurance coverage amount matches your selected amount of Voluntary Life insurance. AD&D benefit is paid if you pass away as a result of a covered accident. For other covered losses, a percentage of this benefit will be payable

Accelerated Death Benefit

If you become terminally ill, you may be eligible to receive up to 80 percent of your combined Basic and Voluntary life insurance benefit to a maximum of \$500,000

Life Age Reduction:

Basic Life and AD&D insurance coverage amount reduces by 50% at age 70

Voluntary Employee Life with AD&D Weekly Premiums										
Coverage Amount	Employee's Age as of 1 st of the month following/coinciding with date of birth									
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+*
\$10,000	0.34	0.36	0.42	0.59	0.84	1.26	1.93	2.03	3.05	3.54
\$20,000	0.69	0.72	0.84	1.18	1.69	2.52	3.87	4.06	6.09	7.09
\$30,000	1.03	1.08	1.26	1.77	2.53	3.79	5.80	6.09	9.14	10.63
\$40,000	1.38	1.44	1.68	2.35	3.38	5.05	7.74	8.12	12.18	14.17
\$50,000	1.72	1.80	2.10	2.94	4.22	6.31	9.67	10.15	15.23	17.72
\$60,000	2.06	2.16	2.52	3.53	5.07	7.57	11.60	12.18	18.28	21.26
\$70,000	2.41	2.52	2.94	4.12	5.91	8.84	13.54	14.22	21.32	24.80
\$80,000	2.75	2.88	3.36	4.71	6.76	10.10	15.47	16.25	24.37	28.35
\$90,000	3.09	3.24	3.78	5.30	7.60	11.36	17.40	18.28	27.42	31.89
\$100,000	3.44	3.60	4.20	5.88	8.45	12.62	19.34	20.31	30.46	35.43
\$110,000	3.78	3.96	4.62	6.47	9.29	13.89	21.27	22.34	33.51	38.98
\$120,000	4.13	4.32	5.04	7.06	10.14	15.15	23.21	24.37	36.55	42.52
\$130,000	4.47	4.68	5.46	7.65	10.98	16.41	25.14	26.40	39.60	46.07
\$140,000	4.81	5.04	5.88	8.24	11.82	17.67	27.07	28.43	42.65	49.61
\$150,000	5.16	5.40	6.30	8.83	12.67	18.93	29.01	30.46	45.69	53.15
\$160,000	5.50	5.76	6.72	9.42	13.51	20.20	30.94	32.49	48.74	56.70
\$170,000	5.85	6.12	7.14	10.00	14.36	21.46	32.88	34.52	51.78	60.24
\$180,000	6.19	6.48	7.56	10.59	15.20	22.72	34.81	36.55	54.83	63.78
\$190,000	6.53	6.84	7.98	11.18	16.05	23.98	36.74	38.58	57.88	67.33
\$200,000	6.88	7.20	8.40	11.77	16.89	25.25	38.68	40.62	60.92	70.87
\$210,000	7.22	7.56	8.82	12.36	17.74	26.51	40.61	42.56	63.97	74.41
\$220,000	7.56	7.92	9.24	12.95	18.85	27.77	42.54	44.68	67.02	77.96
\$230,000	7.91	8.28	9.66	13.53	19.43	29.03	44.48	46.71	70.06	81.50
\$240,000	8.25	8.64	10.08	14.12	20.27	30.30	46.41	48.74	73.11	85.04
\$250,000	8.60	9.00	10.50	14.71	21.12	31.56	48.35	50.77	76.15	88.59

Important Details

Here's where you'll find the details about the plan.

Life and AD&D Insurance Eligibility Requirements

To be eligible for coverage, you must be:

- Insured for Basic Life insurance through The Standard
- A regular employee of Brown Packing Co., Inc.
- Actively working at least 30 hours per week

Temporary and seasonal employees, leased employees and independent contractors are not eligible.

Medical Underwriting Approval for Life Coverage

Required for:

- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements, if required
- Eligible but not insured under the prior life insurance plan

Visit <https://myeoi.standard.com/162660> to complete and submit a medical history statement online.

Coverage Effective Date for Life Coverage

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance.

*Defined as first of the month that follows 7 consecutive days as a member

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 50 percent at age 70. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until Social Security Normal Retirement Age (SSNRA), provided you give us satisfactory proof that you remain totally disabled. Please contact your benefits administrator for more details.

Life and AD&D Insurance Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Life Insurance Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Life Insurance Exclusions

Subject to state variations, you are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for your Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. Satisfactory proof of loss is required for loss of life.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss:	Percentage of AD&D benefit payable:
Life ¹	100%
One hand or one foot ²	50%

Group Additional Life and AD&D Insurance

Sight in one eye, speech or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia	100%
Triplegia	75%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%

1 Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.

2 Even if the severed part is surgically re-attached. If you lose a hand or foot and an AD&D benefit is payable for quadriplegia, triplegia, paraplegia, hemiplegia, or uniplegia, involving that same hand or foot, the benefit will be the higher of the AD&D benefit for that loss.

3 This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, fumes or drug, unless used or consumed according to the directions of a physician
- Alcohol – if your blood alcohol content is in excess of the legal limit for operating a motor vehicle as defined by the jurisdiction where the accident or loss occurred
- Sickness, pregnancy, heart attack or stroke existing at the time of the accident
- Medical or surgical treatment for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates

- For each elective insurance coverage, the date that coverage terminates under the group policy
- The date your Life coverage ends, your AD&D coverage will end as well

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP1219-LIFE, GP1219-LIFE-ASSOC, GP1219-LIFE-TRUST

[Standard Insurance Company](http://www.standard.com)
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com

SI 22167-D-ALAA-SC-162660 (10/23)

7449684-1080282

RETIREMENT BENEFITS

Personal savings are key. With your 401(k) plan, you can save for retirement and save tax dollars. Your contributions can be payroll deducted on a pretax basis, which reduces your taxable income and also offers a convenient way to save for your future! You may also choose to have your contributions deducted on a post-tax basis into a Roth 401(k). See below for more details.

Eligibility + Entry

To be eligible to participate in the plan you must complete six (6) consecutive months of service from your date of employment, during which you must work at least one hour during each of those six (6) consecutive months. Should you fail to meet these requirements, you will be forced to comply with the one year of service rule and have worked for at least 1,000 hours.

Your entry date will be the first day of the quarter following the date you satisfy the eligibility requirements.

Employee Contributions

If you contribute to the Brown Packing Retirement Plan, Brown Packing Co., Inc. will match 100% of your first 3% and will match 50% of your next 2% you contribute, as shown below. The maximum employee deferral in 2024 is \$23,000. Employees at least 50 years old during the year 2024 can defer up to an additional \$7,500.

Contribution Matching

<i>If your contribution is:</i>	<i>Brown Packing contributes:</i>
1%	1%
2%	2%
3%	3%
4%	3.5%
5%	4%

Vesting

Vesting refers to your right of ownership to the money in your account. You are always 100% vested in all of your accounts, including Brown Packing Co., Inc.'s matching contribution.

Your Financial Professional, Fred Fisher, is available to discuss your investment decisions at 704.716.2749 or ffisher@mstone401k.com. Your account is managed by Ascensus and can be accessed online at myaccount.ascensus.com or by calling 888.652.8087. See the following page for more about the Ascensus app!

Key differences between Traditional 401(k) and Roth 401(k)

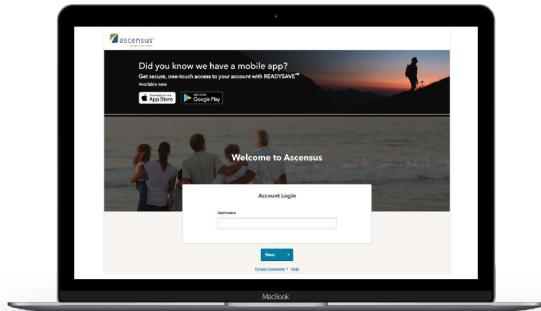
Traditional 401(k)	Roth 401(k)
Contributions are made with before-tax dollars.	Contributions are made with after-tax dollars.
Withdrawals of contributions and earnings are subject to Federal and most State income taxes.	Withdrawals of contributions and earnings are not taxed, provided it's a qualified distribution.

For additional details or questions, please contact Steven Blanton in person or at 864.649.8082 or email sblanton@bropac.com.

Digital Resources



Explore retirement savings tools and plan resources anytime—
at home or on the go



1. Get started.

Visit myaccount.ascensus.com/rplink from your desktop or mobile browser. Log in or click **Get Started** to set up your online account.

From there, it's easy to:

- Set or check your savings rate
- Select or research your investments
- Choose or update your beneficiary

2. Take smart steps with personalized insight.

See your potential monthly retirement income based on your current savings strategy.

Use **Retirement Outlook** to model different scenarios, like saving more or changing your expected retirement age. You can also include other outside assets in addition to your retirement plan to see your full financial picture.

Stay on track and adjust your savings rate at any time to align with your goals and timeline to retirement.

3. Feel good about your progress.

Review your recent contribution activity and track your personal rate of return over time.

See how your savings are invested and how your funds are performing for you.

Download the READYSAVE™ mobile app

Secure, one-touch access to your account, from anywhere.

Check your balance, monitor investments, and change your savings rate quickly and easily.

The mobile app and website have different functionality—use them both for the best overall experience.



Log in often to see new features and insights.

Available for iOS and Android.
Also available in Spanish.



Wherever you are in your retirement journey, you can gain insights along the way that will help you build confidence as you save for your future.

Give us a call

888-652-8086

M-F, 8:00 a.m. – 8:00 p.m. ET

Plan website

myaccount.ascensus.com/rplink

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Questions or Concerns?

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. If you require assistance, have your ID number or SSN available when contacting carriers.

If you need an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's website to download an ID card.

For claims assistance, please call the applicable insurance carrier and have your ID card, date of service, and provide name available.

Plan	Carrier	Website	Phone / Email
Medical	Planned Administrators, Inc.	www.paisc.com	800.768.4375 Pre-authorization: 888.376.6544
Nurse Practitioner	Brown Packing Co., Inc.	See HR Team for an appointment.	864.649.8090 clinic@bropac.com
Wellness Program	Brown Packing Co., Inc.	See Ally Parker or Steven Blanton	864.489.5723 payroll@bropac.com
Dental	The Standard	www.standard.com	800.547.9515
Vision	Community Eye Care	www.cecvision.com	800.368.9609
Life Insurance	The Standard	www.standard.com	800.628.8600
Disability	The Standard	www.standard.com	800.368.2859
Retirement / 401(k)	Brown Packing Co., Inc.	Contact Steven Blanton	864.649.8082 sblanton@bropac.com

BROWN PACKING CO. INC.