

## Non-Union

### Benefit Summaries & Contributions for the 2016 Plan Year

#### Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare your options. The SBC is available on the web at: [www.myhnas.com](http://www.myhnas.com). A paper copy is also available, free of charge, by calling 1.855.252.0708.

**It's important that you understand your benefit options before you make a plan choice for 2016. Please take the time to review the 3 medical plan options, as well as the mix-and-match dental and vision bundled plans that are available.**

Medical Plan Comparison	Health Savings Plan		Preventive PPO		Kaiser HMO
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	Kaiser Network
Individual Annual Deductible	\$1,300	\$10,000	\$500	\$1,500	\$500
Family Annual Deductible	\$2,600	\$20,000	\$1,000	\$3,000	\$1,000
Individual Out-Of-Pocket Maximum^	\$6,350	\$18,750	\$2,500	\$16,500	\$1,500
Family Out-Of-Pocket Maximum^	\$12,700	\$37,500	\$5,000	\$33,000	\$3,000
Total Out-of-Pocket Maximum* (Individual/Family)	\$6,350 /\$12,700	\$18,750 /\$37,500	\$6,600 /\$13,200	\$16,500 /\$33,000	\$1,500 /\$3,000
Individual Annual Inpatient Hospital Deductible/Copay	\$0	\$0	\$350	\$1,050	\$0
^Includes Annual Deductible (Individual or Family)					
Typical Coinsurance (Plan pays)	70%	50%	80%	50%	Varies

*\*The In-Network Preventive PPO Total Out-of-Pocket Maximum (OOP max) is a combination of a \$2,500 medical plan OOP max, a \$2,000 medical plan copay OOP max, and a \$2,100 Prescription Drug OOP max. Family OOP Max is 2x individual.*

#### Medical Plan Details

Percentage amounts display what the plan pays.

FOSTER FARMS HEALTH SAVINGS PLAN		
If you enroll in this plan, Foster Farms will open a Health Savings Account (HSA) on your behalf and contribute dollars to this account (see the Benefits Guide for more information). Please note that this is a High Deductible Health Plan – until the deductible is met, the plan only pays for preventive medical care and preventive generic prescription drugs.		
Coverage Tier	Foster Farms Annual HSA 'Seed' Contribution	Employee Annual HSA Contribution Limit
Employee Only	\$500	\$2,850
Employee + Spouse or Child	\$1,000	\$5,750
Family	\$1,500	\$5,250
Note: IRS regulations allow an Employee of 55 or older an additional \$1,000 in contributions under the 'Catch-up' rule.		

## FOSTER FARMS HEALTH SAVINGS PLAN CONTINUED

Specific Covered Treatments	In-Network	Out-Of-Network
Preventive Care	100% covered	50%* covered
Teladoc Visits (phone/mobile/video)	\$10*	\$10*
Primary Care Physician / Specialty Care Office Visit	70%*	50%*
Inpatient / Outpatient Hospital Services	70%*	50%*
Emergency Room for true emergent care	70%*	70%*
Urgent Care Center	70%*	50%*
Ambulance	70%*	70%*
Inpatient / Outpatient Surgery & Anesthesia	70%*	50%*
Outpatient Diagnostic (X-Ray & Laboratory Services)	70%*	50%*
Maternity – Prenatal and Postnatal Care	100% covered	50%*
Maternity – Inpatient Care	70%*	50%*
Infertility Services	70%* (\$15,000 lifetime limit)	Not covered
Physical Therapy (20 visit limit)	70%*	50%*
Chiropractic Care & Acupuncture	70%*	50%*
Note: <i>Annual Maximums</i>	(24 visits)	(\$250 individual / \$750 family)
Nutritional Counseling (6 visit limit)	100% covered	50%*
Skilled Nursing Facility (100 days per disability)	70%*	50%*
Home Health Care (60 visit limit)	70%*	50%*
Private Duty Nursing & Hospice Care	70%*	50%*
Durable Medical Equipment & Prosthetics	70%*	50%*
Occupational Therapy / Speech Therapy	70%*	50%*
Treatment of Mental Health & Substance Abuse	70%*	50%*
All Other Covered Expenses	70%*	50%*
*Deductible Applies		
See the detailed Benefit Schedule for other conditions, limits, and exclusions. <b>Call 1-855-550-3744 for more information.</b>		

Health Savings Plan – Prescription Drugs	Pharmacy	Mail Order
Non-Preventive Generic Drug Copay	70% after deductible	70% after deductible
Formulary Brand Drug Copay	70% after deductible	70% after deductible
Non-Formulary Drug Copay	70% after deductible	70% after deductible
Preventive Generic Drug Benefit <i>(Anticonvulsants, Antiarrhythmics, High Cholesterol, Diabetes, High Blood Pressure, Antidepressants &amp; more)</i>	\$0	\$0
Maximum Supply	34 days	90 days
If a formulary or non-formulary drug is dispensed, and a generic equivalent is available, the covered person must pay the difference between the cost of the formulary or non-formulary drug and the generic equivalent, plus the generic copay.		

## PREVENTIVE PPO PLAN

Please note that copays do not apply towards the annual medical deductible.

Specific Covered Treatments	In-Network	Out-Of-Network
Preventive Care	100% covered	50%* covered
Teladoc Visits (phone/mobile/video)	\$10	\$10
Primary Care Physician Office Visit	\$40 copay (not including lab/x-rays)	50%*
Specialty Care Physician Office Visit	80%*	50%*
Inpatient / Outpatient Hospital Services	80%*	50%*
Emergency Room for true emergent care	80%*	80%*
Urgent Care Center	80%*	50%*
Ambulance	80%*	80%*
Inpatient / Outpatient Surgery & Anesthesia	80%*	50%*
Outpatient Diagnostic (X-Ray & Laboratory Services)	80%*	50%*
Maternity – Prenatal and Postnatal Care	100% covered	50%*
Maternity – Inpatient Care	80%*	50%*
Infertility Services	80%* (\$15,000 lifetime limit)	Not covered
Physical Therapy (20 visit limit)	80%*	50%*
Chiropractic Care & Acupuncture Note: <i>Annual Maximums</i>	80%* (24 visits)	50%* ((\$250 individual / \$750 family))
Nutritional Counseling (6 visit limit)	100% covered	100% covered
Skilled Nursing Facility (100 days per disability)	80%*	50%*
Home Health Care (60 visit limit)	80%*	50%*
Private Duty Nursing & Hospice Care	80%*	50%*
Durable Medical Equipment & Prosthetics	80%*	50%*
Medically Necessary Occupational / Speech Therapy	80%*	50%*
Treatment of Mental Health & Substance Abuse (Inpatient)	80%*	50%*
Treatment of Mental Health & Substance Abuse (Outpatient)	\$40 copay	50%*
All Other Covered Expenses	80%*	50%*
*Deductible Applies		
See the detailed Benefit Schedule for other conditions, limits, and exclusions. <b>Call 1-855-550-3744 for more information.</b>		

Preventive PPO Plan - Prescription Drugs	Pharmacy	Mail Order or 90 Day Supply at Pharmacy
Generic Drug Copay	\$10	\$20
Formulary Drug Copay	\$40	\$80
Non-Formulary Drug Copay	\$75	\$150
Diabetic Drugs and Supplies, Asthma, Blood Pressure, Heart & Cholesterol Drugs	\$10	\$0
Maximum Supply	34 days	90 days
If a formulary or non-formulary drug is dispensed, and a generic equivalent is available, the covered person must pay the difference between the cost of the formulary or non-formulary drug and the generic equivalent, plus the generic copay.		

## KAISER HMO PLAN

Please note that, if you enroll in Kaiser, you must use Kaiser hospitals and doctors. Because of the limited size of the network, only employees who reside or work in certain zip codes are eligible to enroll in this plan.

Specific Covered Treatments	Kaiser Network
Preventive Care <i>(Physical exams, well-child care, family planning counseling, maternity pre-natal care, eye exams, hearing exams)</i>	No Charge
Primary Care Physician or Specialty Care Office Visit	\$10 per visit
Hospital Services and Outpatient Surgery	90%* coinsurance after deductible
X-ray and Laboratory Tests <i>Health Care Reform Preventive Tests performed at no charge</i>	\$10 after deductible if non-preventive, \$50 for MRI, CT, or PET tests
Emergency Room	90%* coinsurance after deductible
Ambulance	\$150 copay after deductible
Urgent Care Centers	\$10 per visit
CALIFORNIA Prescription Drugs - Generic Retail - Generic Mail Order - Brand Retail - Brand Mail Order	\$10 (up to 30 days) / \$20 (31-60 days) / \$30 (61-100 days) \$10 (up to 30 days) / \$20 (31-100 days) \$40 (up to 30 days) / \$80 (31-60 days) / \$120 (61-100 days) \$40 (up to 30 days) / \$80 (31-100 days)
OREGON & WASHINGTON Prescription Drugs - Retail (up to 30 day supply) - Retail (Infertility Drugs) - Mail Order (up to 3 month supply)	\$10 Generic / \$40 Brand / \$75 Non-Formulary 50% of drug cost 2x the copays above
*Deductible Applies	

## Dental Insurance

### All Employees

Cigna Dental Plan Overview	In-Network	Out-Of-Network
Calendar Year Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150
Individual Calendar Year Maximum	\$2,000	\$1,500
Lifetime Orthodontic Maximum	\$1,500	\$1,500
Preventive Services	100% covered	60% covered
Basic and Major Services	80%*	60%*
Orthodontic Services	80%	80%

\*Deductible applies See the detailed Cigna Benefit Schedule for other conditions, limits, and exclusions. Call Cigna at 1-800-244-6224 for more information.

### California Employees only

UHC / PUD Dental Plan <i>(available in CA only)</i>	In-Network Only
Exams & X-rays and Cleanings	\$0
Fillings	\$10 - \$17 copay
Root Canals and Crowns	\$50 - \$150
Dentures	\$200 - \$225 per upper or lower denture
Tooth Extraction	\$10 - \$80
Braces	\$1,950 - \$2,150

See the UHC/PUD Patient Charge Schedule for detailed services, costs, conditions, limits, and exclusions. Call UHC for more information at 1-800-999-3367.

## Vision Insurance

### **Vision Plan Details**

UHC Base Vision Plan Overview		In-Network	Out-Of-Network
<b>Eye Examination or Refraction</b> Once every 12 Months		100% after \$20 copay	Up to \$50 allowance
<b>Lenses</b> Once every 24 Months		100% after \$0 copay	Up to \$50 allowance
<b>Frames</b> Once every 24 Months		Up to \$120 allowance	Up to \$50 allowance
<b>Contact Lenses</b> Once every 24 Months (in lieu of frames and lenses)		Up to \$120 allowance	Up to \$100 allowance
Medically Necessary Contact Lenses		100%	Up to \$210 allowance
UHC Buy-Up Vision Plan Overview		In-Network	Out-Of-Network
<b>Eye Examination or Refraction</b> Once every 12 Months		100% after \$20 copay	Up to \$50 allowance
<b>Lenses</b> Once every 12 Months		100% after \$20 copay	Up to \$50 allowance
Progressive Lenses in place of regular lenses		100% after \$30 copay	Not covered
<b>Frames</b> Once every 12 Months		Up to \$150 allowance	Up to \$50 allowance
<b>Contact Lenses</b> Once every 12 Months (in lieu of frames and lenses)		Up to \$150 allowance	Up to \$100 allowance
Medically Necessary Contact Lenses		100%	Up to \$210 allowance
VSP Buy-Up Vision Plan Overview		In-Network	Out-Of-Network
<b>Eye Examination or Refraction</b> Once every 12 Months		100% after \$20 copay	Up to \$45 allowance
<b>Lenses</b> Once every 12 Months		100% after \$20 copay	Up to \$65 allowance
<b>Progressive Lenses</b> in place of regular lenses		100% after \$30 copay	Not covered
<b>Frames</b> Once every 12 Months		Up to \$180 allowance	Up to \$70 allowance
<b>Contact Lenses</b> Once every 12 Months (in lieu of frames and lenses)		Up to \$180 allowance	Up to \$105 allowance

### Eligibility for Other Plans

	All Full-Time Non-Union Hourly Foster Poultry	All Full-Time Non-Union Exempt & Clerical Foster Poultry
<b>Waiting Period</b>	1st of month following 90 days	1st of month following 30 days
<b>Eligibility</b>	Working at least 30 hrs per week	

### Liberty Mutual Life Insurance – Employer-paid

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

## Liberty Mutual Life Insurance – Employee-paid

- Supplemental Term Life and AD&D through Liberty Mutual
  - New hires and those employees with existing coverage as part of this plan may elect up to the Guarantee Issue (GI) limit without providing Evidence of Insurability (EOI)
    - \$150,000 for the employee, \$25,000 for the spouse or domestic partner
  - EOI will be required for anyone who has previously been offered this plan but declined coverage
- Dependent Buy-up options through Liberty Mutual
  - Level 1: \$10,000 spousal coverage, \$5,000 per child
  - Level 2: \$25,000 spousal coverage, \$10,000 per child

## Unum Whole Life Insurance – Employee-paid

Unum's Whole Life Insurance is designed to provide death benefits to your beneficiaries if you pass away, but also builds cash value that you can utilize while you are still alive.

### Plan Features:

- You have the ability to purchase Whole Life Insurance for yourself, your spouse, your children, and/or your grandchildren.
- Purchase the precise amount of coverage that is right for your needs.
- No physical exams are required to apply for coverage.
- Coverage is portable — you can take your policy with you if you leave the company or retire.
- Rates can't go up, and benefits can never be reduced.
- Guaranteed cash value interest rate of 4.5%.
- Guaranteed Issue coverage:
  - **Employee:** Guaranteed Issue Limit of \$30 per week.
  - **Spouse:** Conditional Guaranteed Issue Limit of \$5 per week.
  - **Child(ren):** Guaranteed Issue Limit of \$3 per week.

Your Benefits Counselor can help you calculate the cost of the benefit, which will vary depending upon your age, the amount of coverage you elect or dependent coverage you choose, and other such factors.

Call Unum at 800-635-5597 for more information or to file a claim.

## Disability Insurance

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

## **Unum Hospital Indemnity Plan – Employee-paid**

Unum's Group Hospital Indemnity Insurance can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds for the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles. This insurance pays a benefit when you are admitted to the hospital for a covered accident or sickness.

### **Plan Features**

- Coverage is available to all eligible employees who are actively at work.
- You can buy coverage for your spouse and dependent children.
- This plan includes convenient payroll deduction
- Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions.

## **Unum Critical Illness Insurance – Employee-paid**

Unum's Group Critical Illness Insurance can help protect your finances from the expense of a serious health problem, such as stroke or heart attack or cancer. You choose a lump-sum benefit (of either \$5,000, \$10,000 or \$15,000) that is paid directly to you at the first diagnosis of a covered condition. There are options for dependent coverage too. You can use the benefit any way you choose - pay medical bills or mortgage, etc. - it is your choice.

Call Unum at 800-635-5597 for more information or to file a claim.

## **Unum Accident Insurance with Wellness and Hospital Sickness Benefit – Employee-paid**

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact, which is often substantial. Unum Voluntary Group Accident Insurance can help cover the out-of-pocket medical expenses and extra bills that can follow an accident. Employee, spouse and child coverage is available.

The plan pays benefits for covered injuries and accident-related expenses including hospitalization, emergency room treatment, physical therapy, transportation, lodging for family and more.

### **Plan Features:**

- All benefits are paid in addition to current medical coverage.
- There are scheduled payouts for over 70 covered accidents.
- You will receive a \$50 per year wellness benefit that does not require a claim form.
- There are no restrictions on common sports injuries.
- Sickness confinement rider.
- Accidental death benefit.

Call Unum at 800-635-5597 for more information or to file a claim. *The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.*

## **Unum Long-Term Care: Full-Time Non-Union Exempt & Clerical Foster Poultry employees only\***

With our increased life expectancy, people live longer and survive serious illnesses and major health problems. Some people end up in a nursing home, assisted living facility, or are cared for at home by family members. Unfortunately, the costs of caring for family members is expensive – but Long Term Care can help protect your savings. Won't my other insurance pay for long term care? Unfortunately, no.

- Medical insurance and Medicare are designed to pay for specific care for acute conditions — not for long term help with daily living.
- Medicaid only helps with long term care expenses after you have depleted virtually all of your assets. The exact amount varies by state but usually leaves just a few thousand dollars in total assets.

Only long term care insurance may cover those costs and allow you to maintain as much of your assets as possible.

- Base (employer paid) available based on salary, and Buy-up (employee paid) options available
- Voluntary plan available to all other exempt/clerical employees.
- Eligible to enter plan the year of hire during Open Enrollment, or if previously eligible may also apply during Open Enrollment upon completing Evidence of Insurability

For additional information or to request an enrollment kit you can email [employeebenefits@fosterfarms.com](mailto:employeebenefits@fosterfarms.com).



Monthly Contributions for Medical/RX Coverage					
Compensation Range >\$50K – What You Pay For Your Plan Selections					
	Health Savings Plan	PPO Preventive	Kaiser North CA	Kaiser South CA	Kaiser PNW
Base – Employee Only (EO)	\$92.20	\$123.85	\$132.30	\$98.70	\$103.57
Base – Employee & Spouse (ES)	\$221.28	\$297.23	\$278.08	\$235.11	\$246.80
Base – Employee & Child(ren) (EC)	\$216.86	\$291.29	\$273.37	\$211.78	\$222.29
Base – Employee & Family (EF)	\$361.43	\$485.47	\$454.48	\$410.42	\$430.88
Compensation Range \$30K-\$50K – What You Pay For Your Plan Selections					
	Health Savings Plan	PPO Preventive	Kaiser North CA	Kaiser South CA	Kaiser PNW
Base – Employee Only	\$82.98	\$111.46	\$119.07	\$88.83	\$93.21
Base – Employee & Spouse	\$212.06	\$284.85	\$266.50	\$225.32	\$236.51
Base – Employee & Child(ren)	\$207.82	\$279.15	\$261.98	\$202.95	\$213.03
Base – Employee & Family	\$335.61	\$450.80	\$422.01	\$381.11	\$400.11
Compensation Range <\$30K – What You Pay For Your Plan Selections					
	Health Savings Plan	PPO Preventive	Kaiser North CA	Kaiser South CA	Kaiser PNW
Base – Employee Only	\$73.76	\$99.08	\$105.84	\$78.96	\$82.85
Base – Employee & Spouse	\$165.96	\$222.92	\$208.56	\$176.34	\$185.10
Base – Employee & Child(ren)	\$162.64	\$218.47	\$205.03	\$158.83	\$166.72
Base – Employee & Family	\$296.89	\$398.78	\$373.32	\$337.13	\$353.94

Monthly Contributions for Dental/Vision Coverage						
What You Pay For Your Plan Selections						
	PPO Dental/ Base Vision	HMO Dental/ Base Vision	PPO Dental/ Buy-Up UHC Vision	HMO Dental/ Buy-Up UHC Vision	PPO Dental/ Buy-Up VSP Vision	HMO Dental/ Buy-Up VSP Vision
Base - EO	\$27.39	\$6.59	\$29.76	\$8.96	\$32.72	\$11.92
Base - ES	\$54.52	\$12.92	\$58.90	\$17.30	\$65.70	\$24.10
Base - EC	\$54.30	\$13.52	\$59.78	\$19.00	\$65.11	\$24.33
Base - EF	\$77.45	\$19.22	\$85.11	\$26.88	\$96.32	\$38.09

### Coverage Tier Selected for Dental and Vision Must Match Your Medical Enrollment

If you elect dental and vision benefits, you may only select the level of coverage you selected for medical benefits.

### Ineligible Period

If you do not elect dental and vision coverage for 2016, you will not be eligible to enroll for dental and vision coverage until open enrollment in 2017, for the 2018 plan year. If you enroll in dental and vision coverage and cancel it at a future Open Enrollment, you will also have to wait for 2 years before you will be able to resume coverage.

**Please note that you will be eligible to participate in the Wellness Program at the annual screening event in the Fall of 2016. If you participate in the wellness program you may be eligible for a full or partial discount on your premiums for the 2017 plan year.**

A **tobacco surcharge** in the amount of \$50/month will be assessed for each tobacco-user on the medical plan that is age 18 and over with a maximum/cap of \$200/month per family. Completing a **tobacco cessation program** removes additional charges. Foster Farms is providing a tobacco/nicotine cessation program through QUITLogix, who uses an evidence-based approach to create permanent behavior change.



## Saving For Retirement

Retirement can be a special period of relaxation and enjoyment, but only if there is enough income to meet your continuing needs. Foster Farms offers three ways to help you save for retirement: 1) with your own pre-tax 401(k) Contributions, 2) with Company Matching Contributions and 3) with the Foster Farms Group Pension Plan.

### **401(k) Contributions**

Allows you to make pre-tax contributions into your retirement account through payroll deductions. You are eligible to contribute immediately after your hire date and can make changes at anytime. You are always fully vested in (entitled to) your 401(k) contributions. When you leave Foster Farms, you (or your beneficiary) will be entitled to receive the amount in your account. Check with your HR Rep if you haven't started making 401(k) contributions —it's never too late to start!

### **Matching Contributions**

You will share in Company matching contributions based on the 401(k) contributions you make. If you are eligible to share in matching contributions, your account will be credited each pay period with 50% of the amount you contributed to your 401(k) account which is not in excess of 3% of your compensation (in other words, your match will be 50% of the first 3% of pay you contribute). You are always fully vested in (entitled to) your Company matching contributions. When you leave Foster Farms, you (or your beneficiary) will be entitled to receive the vested portion of your account.

### **Pension Plan**

The Foster Farms Group Pension Plan will help take care of some of your financial needs by providing a lifetime income to you, and (if elected) your spouse/domestic partner when you retire. Your benefits under the Pension Plan are fully funded by Foster Farms. You become vested in (entitled to) this benefit once you complete 5 years of service in which you work at least 1,000 hours. Your benefit will be determined according to a formula that takes into account the number of years you are in the Pension Plan and your average annual compensation with the company. Under the Pension Plan normal retirement age is 65, but you may retire as early as 55 and begin receiving a reduced early retirement monthly pension.

**Have Questions about Retirement Plans? For Help call the Treasury Department at 209-398-6756.**

## Free Preventive Health Care at NO COST to You

### FREE IN-NETWORK PREVENTIVE CARE

*No matter which medical plan you choose, the following services are FREE:*

Children's Check-ups	Pap Smears
Adult Check-ups	Colonoscopies
Preventive Screening Tests	Hearing Exams
Most Shots	Tobacco Use Counseling
Birth Control	Bone Density Tests
Mammograms	Sexually Transmitted Disease Testing

### FREE PRENATAL CARE

All PPO plan participants who enroll in the Blue Shield Prenatal Education Program in their first trimester will have their hospital copay waived. Call Blue Shield to enroll at 1-888-886-4596. Select option #2 and then option #1". Make the call today for a Healthy Baby & a Healthy You! Upon completion of the program, you are eligible for a \$100 gift card.

### FREE GENERIC PREVENTIVE DRUGS

If you choose the **Foster Farms Health Savings Plan**, your generic preventive drugs are FREE:  
Heart Disease, High Cholesterol, High Blood Pressure, Antidepressants, and more.

### FREE MAINTENANCE DRUGS, SUPPLIES, AND INHALERS

If you are in the **Foster Farms Preventive PPO Plan**, the following drugs are FREE:  
Diabetes, Asthma, High Blood Pressure, and High Cholesterol

All you have to do is:

1. Walk into a plan pharmacy and buy a 90-day prescription, or
2. Use the Mail Order option through OptumRx and have your prescription mailed to your house.

Diabetic testing supplies are also FREE when you fill your 90-day prescription through a plan pharmacy or use the Mail Order Plan. Asthma inhalers are FREE at any retail pharmacy.

### KAISER

If you choose **Kaiser** for your medical plan, the following services are FREE:

Health Education	Well-Child Preventive Exams
Hearing Exams	Eye Exams
Hospice	Home Health Care
Most Shots, Labs, and X-Rays	

### DENTAL HMO & DENTAL PPO

If you selected the Dental HMO, dental exams and cleanings are FREE.  
Dental Preventive Care is FREE when using the PPO plan in-network providers.

### Have questions?

Please feel free to call 1-855-550-3744 if you have questions about benefit plans. Choose 'option 1' for member services.

*The information contained in this worksheet is intended to summarize your Foster Farms benefit options. This document does not include all plan rules and details, including limitations and exclusions. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources Department.*