2027 Benefits Summary – Salary

Eligibility:

Salary employees who regularly work 30+ hours per week are eligible for Medical, Dental, Vision, FSA, HSA, worksite, and disability insurance benefits the first of the month following your date of hire, unless otherwise stated below. Life Insurance is effective the first of the month following 30 days of service.

Medical, Dental & Vision:

- Medical coverage is provided by Priority Health (Priority Health uses the Cigna Network outside of the state of Michigan)
- Dental coverage is provided by Delta Dental of Michigan (Dental Core & Dental Buy-Up)
- Vision coverage is provided by Priority Health (using the EyeMed Network)
- If you are planning on adding your spouse or qualified dependents you must provide proof of relationship (Spouse –marriage certificate/most recent federal tax return, Child – birth certificate/most recent federal tax return)

Member Cost Sharing	Option 1: Priority HSA	Option 2: PPO $500	Option 3: PPO $1,500
	In-Network	**In-Network**	**In-Network**
Preventive Care	Free	Free	Free
Deductible	Deductible $2,000 / $4,000 (Individual / Family)	Deductible $500 / $1,000 (Individual / Family)	Deductible $1,500 / $3,000 (Individual / Family)
Office Visit **Specialist Visit** **Urgent Care Visit**	After deductible is met, 20% coinsurance applies	$20 Copay $30 Copay $20 Copay	$30 Copay
Virtual Visit	$45 copay until deductible is met, free after deductible	Free	Free
Coinsurance	20% coinsurance, after deductible is met	20% coinsurance, after deductible is met	20% coinsurance, after deductible is met
Emergency Room	20% coinsurance, after deductible is met	$500 Copay	$500 Copay
Prescriptions Generic Brand (Preferred) Brand (Non-Preferred) Specialty (Preferred) Specialty (Non-Preferred)	After deductible is met: $10 $40 $80 $40 $80	 $15 $30 $60 20% up to $200 20% up to $400	 $15 $30 $60 20% up to $200 20% up to $400
Total Out-of-Pocket Maximum	$3,000 / $6,000 (Individual / Family)	$4,000 / $8,000 (Individual / Family)	$4,000 / $8,000 (Individual / Family)

Dental Core – In Network Coverage	Dental Buy Up – In Network Coverage	Vision – In Network Coverage
Preventative service covered at 100%	Preventative services covered at 100%	Eye Exam - $10 copay
Basic services covered at 80% (After deductible)	Basic services covered at 80% (After deductible)	Lenses – $10 copay
Major services covered at 50% (After deductible)	Major service covered at 50% (After deductible)	Frames - $130 allowance (Every 12 months)
Annual Maximum: $1,000	Annual Maximum: $1,500	-
Orthodontics – not covered	Orthodontics – 50% Up to lifetime maximum $1500	Contact Lenses - $130 allowance (Every 12 months)
Annual Deductible: $50 – Individual $150 – Family	Annual Deductible: $50 – Individual $150 – Family	Exams and Lenses covered every 12 months

Health Savings Account through Health Equity:

- If you enroll in the Priority HSA medical plan, a Health Savings Account, commonly known as an HSA, will automatically be opened in your name. You can elect to add money to your account to spend on eligible health care expenses. The maximum annual contribution is $4,500 for individuals and $9,000 for families. If you are 55 or older, you can contribute an additional $1,000 annually.

How much does it cost?

- The weekly & bi-weekly rates for medical, dental and vision are listed below.

Medical Plan	Employee Only	Employee + Spouse	Employee + Child	Employee + 2 or More Children	Employee + Family
Priority HSA	$6.23 / $12.46	$26.84 / $53.69	$14.96 / $29.92	$18.70 / $37.40	$30.58 / $61.17
PPO $1500	$20.36 / $40.73	$60.75 / $121.51	$48.87 / $97.74	$61.09 / $122.17	$72.97 / $145.94
PPO $500	$49.29 / $98.58	$130.18 / $260.36	$118.29/ $236.59	$147.87 / $295.74	$159.75 / $319.51

Dental Plan	Employee Only	Employee + Spouse	Employee + Child	Employee + 2 or More Children	Employee + Family
Dental Core	$1.87 / $3.73	$3.74 / $7.48	$3.74/ $7.48	$6.59/ $13.18	$6.59 / $13.18
Dental Buy-Up	$2.77/ $5.54	$6.11/ $12.21	$6.11/ $12.21	$10.55 / $21.11	$10.55 / $21.11
Vision	$0.39 / $0.78	$0.70 / $1.40	$0.70 / $1.40	$1.05 / $2.10	$1.05 / $2.10

Company provided benefits:

- **Core Life and AD&D** - 1x annual salary up to $50,000 payable to your beneficiary in the event of your death
- **Core Spouse Life** - $2,000 payable to you in the event of your spouse's death
- **Core Dependent Life** - $1,000 payable to you in the event of your child's death
- **Short Term Disability Benefits –** First day of the month following date of hire
  - 60% of base weekly earnings up to $1,000 weekly benefit for a non-work-related accident or injury
- **Long Term Disability -** First day of the month following date of hire
  - 60% of income up to $5,000 monthly benefit for a non-work-related accident or injury
- **Employee Assistance Program -** Free resource to help work through any life challenge
- **Travel Assistance -** When traveling over 100 miles from home provides, travel, medical or legal assistance
- **Life Planning, Financial & Legal Resources -** Available in the event of a death claim
- Mastronardi Produce's Savings Marketplace- Your exclusive employee perks program. After signing in, you will have access to a wide variety of money saving offers, including discount tickets, cars, rentals, and hotels, as well as amazing product and service deals for your everyday needs.

Additional Benefits available through Payroll deduction:

Supplemental Life & AD&D - Employee, Spouse & Child

- Must elect employee life to enroll in spouse or child life and rates are based on employee age

Medical Flexible Spending Account (FSA)

- Ability to use pre-tax dollars via payroll deduction to pay for eligible out-of-pocket medical, dental and vision expenses
  - $550 rollover for unused funds
  - $104 – Minimum annual contribution
  - $2,000 – Maximum annual contribution

Dependent Care Flexible Spending Account (DCRA)

- Ability to use pre-tax dollars via payroll deduction to pay for eligible out-of-pocket daycare expenses

Additional Benefits available through Payroll deduction - Electable during the annual open enrollment period:

Accident Insurance

- Provides income in the case of an accident
- Amount based on employee election

Critical Illness

- Provides income in the case of a critical illness
- Amount based on employee election

Hospital Indemnity

- Provides income in the case of hospital confinement
- $100 cash benefit every year you complete a covered exam

401(k) Retirement Savings Plan:

Mastronardi Produce offers a traditional 401(k) or Roth 401(k) plan through Fidelity. You can make contributions from your paycheck on a pre-tax or post-tax basis up to 100% of your compensation, subject to the annual maximum amount allowed by law. If you are 50 years of age or older, you can make an additional catch-up contribution. Mastronardi may make a discretionary match contribution at the rate of 50% on up to the first 4% of compensation you contribute to the plan. The employer contribution is subject to a vesting schedule based on years of service (less than 2 years- 0%, 2 years- 20% 3 years- 40%, 4 years- 60%, 5 years- 80%, and 6 years- 100%). Employee contributions are always 100% vested.