

Your 2026 Benefits Worksheet

The following two pages show the benefit options that you are eligible to enroll in and their associated costs. Your election will remain in effect until 12/31/2026, unless you experience a qualified change event allowing you to change your elections. If you do not make any elections during your enrollment period, your medical, dental, and vision plan elections will default to the 2025 elections. Your FSA election will not default. You must make an FSA election each year.

Monthly employee paid premiums:

Medical Plans	Employee Only	Employee +1	Employee + Family	My 2025 Plan
Kaiser Permanente HMO w/HRA	\$55.00	\$250.60	\$390.90	\$
Blue Diamond Anthem PPO w/HRA	\$55.00	\$265.90	\$405.80	\$
Blue Diamond Anthem PPO w/HSA	\$55.00	\$254.40	\$385.80	\$
Sutter Health Plus HMO w/HRA	\$55.00	\$265.10	\$398.90	\$

Dental Plans	Employee Only	Employee +1	Employee + Family	
Delta Dental HMO w/Orthodontia	\$0	\$6	\$12	\$
Delta Dental PPO w/Orthodontia	\$12	\$34	\$68	\$

Vision Plans	Employee Only	Employee +1	Employee + Family	
VSP Select	\$0	\$3	\$7	\$
VSP Premium	\$9	\$18	\$32	\$

Flexible Spending Accounts (Does not Default to 2024 election)				
Medical Expense:				\$
Dependent Care (Daycare)				\$

	Employee Only	Employee + Family	
Legal Shield	\$14.95 per month	\$15.95 per month	\$
ID Shield	\$8.45 per month	\$15.95 per month	\$

Note: \$28.90 on family pricing if electing ID Shield and Legal Shield.

2026 Total \$

Kaiser Permanente HMO

w/ HRA

	In-Network
Employer HRA Funding	<i>(Hospital HRA Only)</i>
Individual	\$500
Family	\$1,000
Deductible	
Individual	\$4,000
Individual (Family Member)	\$4,000
Family	\$8,000
Coinsurance	30%
Out-of-Pocket Maximum	
Individual	\$7,000
Family	\$14,000
Physician Visits	
Office Visits	\$40
Lab, X-Ray	\$15 After Deductible
Well Baby	No Charge
Preventive	No Charge
Prescription Drugs	Plan Deductible <u>Does Not</u> Apply
Tier 1 / 1A (Generic)	\$15
Tier 2 (Brand Formulary)	\$40
Tier 3 (Specialty Drugs)	30% up to \$250
Hospital Services	
Outpatient Surgery	30% After Deductible
Inpatient Hospital	30% After Deductible
Urgent Care	\$40
Emergency Room	30% After Deductible
Lifetime Maximum	Unlimited

Sutter Health HMO

w/ HRA

In-Network	
Employer HRA Funding	
Individual	\$500
Family	\$1,000
<i>(Hospital HRA Only)</i>	
Deductible	
Individual	\$3,000
Individual (Family Member)	\$3,000
Family	\$6,000
Coinsurance (Play pays after deductible)	
Out-of-Pocket Maximum	Not Available
Individual	\$6,000
Family	\$12,000
Physician Visits	
Office Visits	\$20
Lab, X-Ray	\$40
Well Baby	No Charge
Preventive	No Charge
Prescription Drugs	
Plan Deductible <u>Does Not</u> Apply	
Tier 1 / 1A (Generic)	\$10
Tier 2 (Brand Formulary)	\$30
Tier 3 (Brand Non- Formulary)	\$75
Tier 4 (Specialty Drugs)	30% up to \$250
Hospital Services	
Outpatient Surgery	30% After Deductible
Inpatient Hospital	30% After Deductible
Urgent Care	\$40
Emergency Room	30% After Deductible
Lifetime Maximum	Unlimited

Blue Diamond PPO

by Anthem Blue Cross

	PPO HRA In-Network	PPO HSA In-Network
Employer HRA/HSA Funding	HRA Only	HSA Only
Individual	\$1,000	\$1,000
Family	\$2,000	\$2,000
Deductible		
Individual	\$2,000	\$2,000
Individual (Family Member)	\$2,000	\$3,300
Family	\$4,000	\$4,000
Coinsurance		
	10%	10%
Out-of-Pocket Maximum		
Individual	\$3,000	\$3,400
Family	\$6,000	\$6,000
Physician Visits		
Office Visits	10% After Deductible	10% After Deductible
Lab, X-Ray	10% After Deductible	10% After Deductible
Well Baby	Deductible Does Not Apply	Deductible Waived
Preventive	No Charge	No Charge
Hospital Services		
Outpatient Surgery	10% After Deductible	10% After Deductible
Inpatient Hospital	10% After Deductible	10% After Deductible
Urgent Care	10% After Deductible	10% After Deductible
Emergency Room	10% After Deductible	10% After Deductible
Prescription Drugs		
	Deductible Does Not Apply	Deductible Applied
Tier 1 / 1A (Generic)	\$10	\$10 After Deductible
Tier 2 (Brand Formulary)	\$25	\$25 After Deductible
Tier 3 (Brand Non- Formulary)	\$40	\$40 After Deductible
Tier 4 (Specialty Drugs)	30% up to \$100	30% up to \$100 After Deductible
Lifetime Maximum	Unlimited	

Online Open Enrollment

Welcome to the Open Enrollment cycle for your 2026 benefits. To make changes to your benefits elections effective January 1, 2026, please log onto our open enrollment website.

You will be able to make changes to your medical, dental, vision, flexible spending or HSA account options, supplemental life, and legal plan. Even if you are not planning on making changes, log onto the website and review your benefit information.

To access the Blue Diamond Open Enrollment website, you will need to follow the Company Information listed below.

Enrollment Period December 1 , 2025 – December 5, 2025

Login Instructions When Not on the Blue Diamond Network

1. Navigate to <https://bdgrowers.okta.com> from any web browser (IE, Edge, Chrome, or mobile).
2. Log in using your work email address and password.
3. From your Okta homepage click on the Workday icon.
4. On the Workday homepage, click Inbox to find and open the Benefits Open Enrollment task.