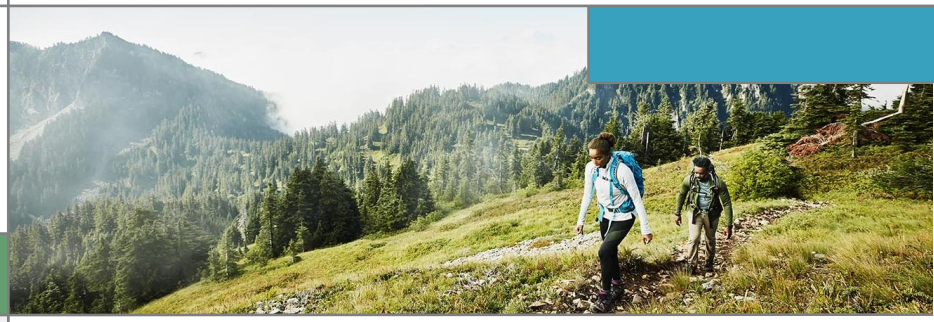
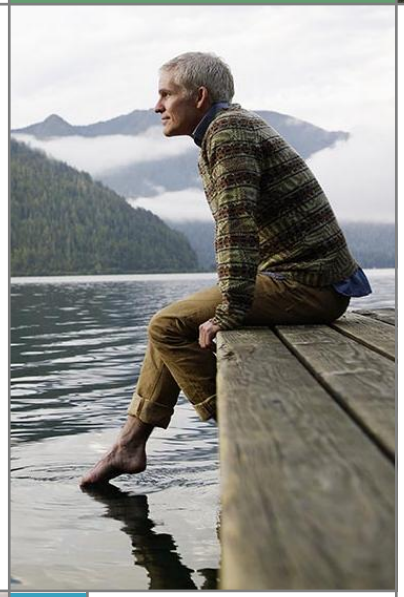
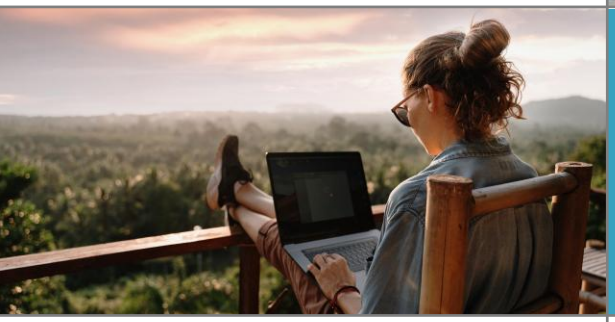








Teammate Benefits

2026

Cacique®

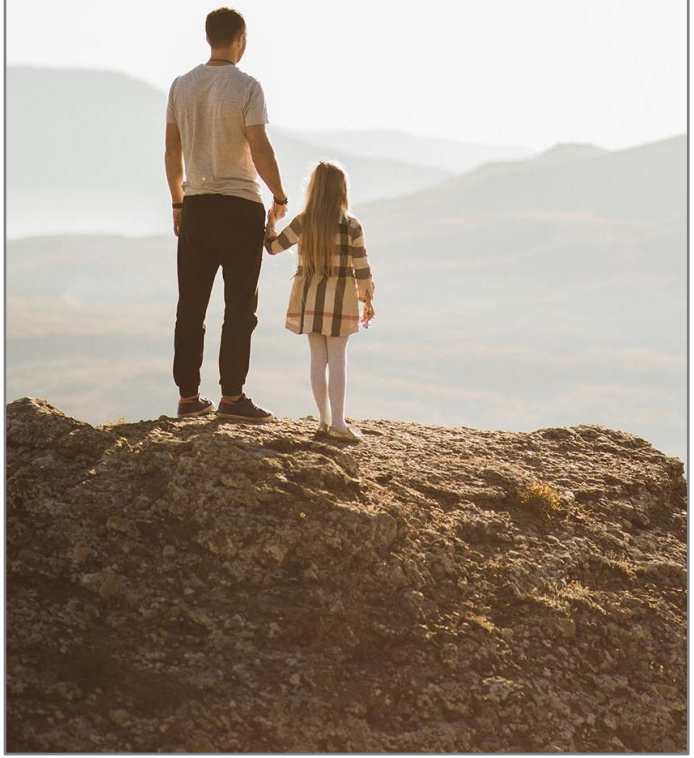
Eligible Dependents

Spouses

- Legal Spouse
- Domestic partner

Children

- To age 26
- Natural child, stepchild, legally adopted child
- Child with legal guardianship
- Child of domestic partner or civil union partner
- Dependent children 26 or older, incapable of self-sustaining employment from mental or physical disability



Make Elections Now

Qualifying Life Events are the only other time to make a change.

- Change in the number of your dependents
- Change in spouse's employment status
- Change in legal marital status
- Change in employment status
- Eligibility for coverage through Marketplace
- Changes in address or location that affect coverage eligibility
- Entitlement to Medicare or Medicaid
- Turning 26 and losing coverage through a parent's plan
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Tip: You have a limited time to make enrollment changes when you experience a qualifying life event: typically, 30 days from the event.

Brite Benefit Decision Support

You have access to **Brite**, a user-friendly decision support tool.

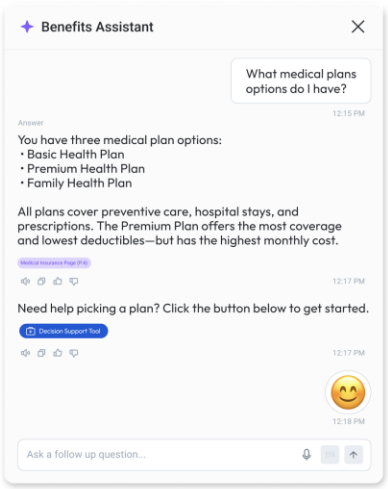
- Brite helps you make **confident, informed choices** during Open Enrollment and beyond.
- It provides **personalized plan recommendations** based on your expected healthcare usage.
- After answering a few simple questions, you'll receive a **tailored summary** of your benefit selections.
- Brite will **link you directly to the ADP website** to complete your 2026 benefits enrollment.
- You have access to an **AI Benefits Assistance** to help guide you through your 2026 elections.

THE SOLUTION

Your 24/7 HR Ally, Powered by Brite's AI Benefits Assistant

Let employees get answers—without flooding HR with questions.

- Instantly answers benefits questions, 24/7
- Trained on your clients' specific plans, docs, and rules
- Supports multiple languages and reading levels
- Works on mobile and desktop—no apps required
- Co-branded to reflect your employer client's brand



With Brite's Benefit Assistant

Medical Premiums - BCBSTX

Provided through BlueCross BlueShield of Texas.

- Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly contributions.

	$750 PPO	$2,000 PPO	$3,400 HDHP
BI-WEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY	$136.98	$93.23	$71.54
EMPLOYEE + SPOUSE	$264.83	$189.23	$145.38
EMPLOYEE + CHILDREN	$254.12	$171.69	$132.00
EMPLOYEE + FAMILY	$393.18	$270.00	$207.69

2026 Medical Benefits - BCBSTX

	$750 PPO		$2,000 PPO		$3,400 HDHP	
BlueCross BlueShield of Texas						
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE Individual Family	$750 $1,500	$1,500 $3,000	$2,000 $4,000	$9,000 $18,000	$3,400 $6,400	$6,500 $13,000
HSA CONTRIBUTION	Not Applicable		Not Applicable		$500 single $1,000 family	
OUT-OF-POCKET MAXIMUM Individual Family	$3,500 $7,000	$7,000 $14,000	$7,000 $14,000	$14,000 $28,000	$6,500 $13,000	$13,000 $26,000
COINSURANCE (Plan Pays)	80%	60%	80%	60%	80%	60%
OFFICE VISIT COPAY MD Live PCP Specialist	$25 $25 $30	N/A 60%* 60%*	$25 $25 $60	N/A 60%* 60%*	$48 80%* 80%*	N/A 60%* 60%*
EMERGENCY CARE Urgent Care Emergency Room	$30 80%*	60%* 80%*	$75 $400 + 80%	60%* $400 + 80%	80%* 80%*	60%* 80%*
HOSPITALIZATION Inpatient/Outpatient	80%* 80%*	60%* 60%*	80%* 80%*	60%* 60%*	80%* 80%*	60%* 60%*

*After deductible

Pharmacy Benefits - BCBSTX

Provided through BlueCross BlueShield of Texas

	$750 PPO		$2,000 PPO		$3,400 HDHP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RETAIL RX (30-DAY SUPPLY)						
GENERIC	$15	60%*	$10	60%*	$10*	60%*
PREFERRED	$25	60%*	$50	60%*	$30*	60%*
NON-PREFERRED	$40	60%*	$100	60%*	$60*	60%*
MAIL ORDER RX (90-DAY SUPPLY)						
GENERIC	$35	N/A	$25	N/A	$30*	N/A
PREFERRED	$63	N/A	$125	N/A	$90*	N/A
NON-PREFERRED	$100	N/A	$250	N/A	$180*	N/A

*After deductible

Blue Access for Members

Blue Cross and Blue Shield of Texas (BCBSTX) helps you get the most out of your health care benefits with Blue Access for Members (BAM℠). You and all covered dependents age 18 and up can create a BAM account.

It's Easy to Get Started!

1 Go to bcbstx.com/member

2 Click Log Into My Account

3 Use the information on your BCBSTX ID card to sign up

Or, text* BCBSTXAPP to 33633 to get the BCBSTX App that lets you use BAM while you're on the go.

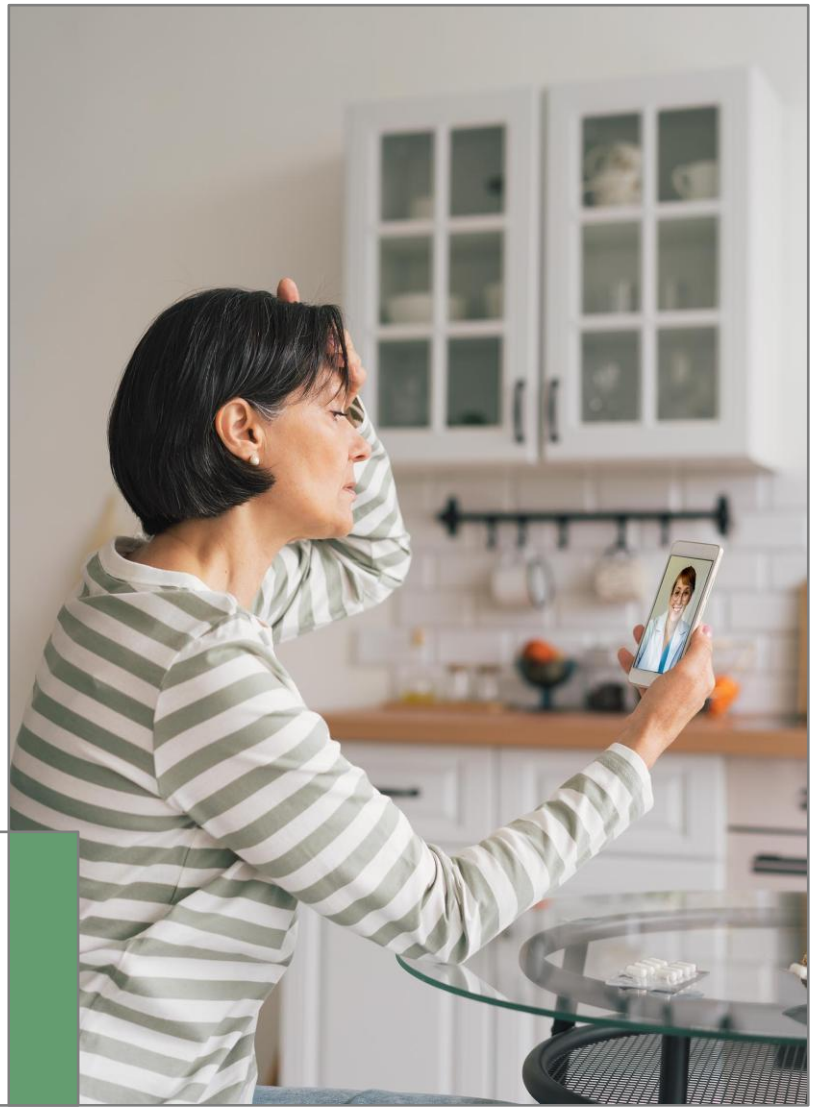
With BAM, you can:

- Use our Provider Finder® tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
- Download our app
- Sign up for text or email alerts

Telemedicine

Virtual Visits through MD Live*
Save Time & Money

- $25 copay on $750 and $2,000 PPO plans, $48 before deductible on HDHP Plan
- Short wait times
- Convenient
- Use for non-emergent issues:
  - Cold/flu/sinus
  - Allergies
  - Bronchitis
  - Bladder infection/urinary tract infection
  - Sore throat
  - Rash
  - Pink Eye
  - Sinus problems



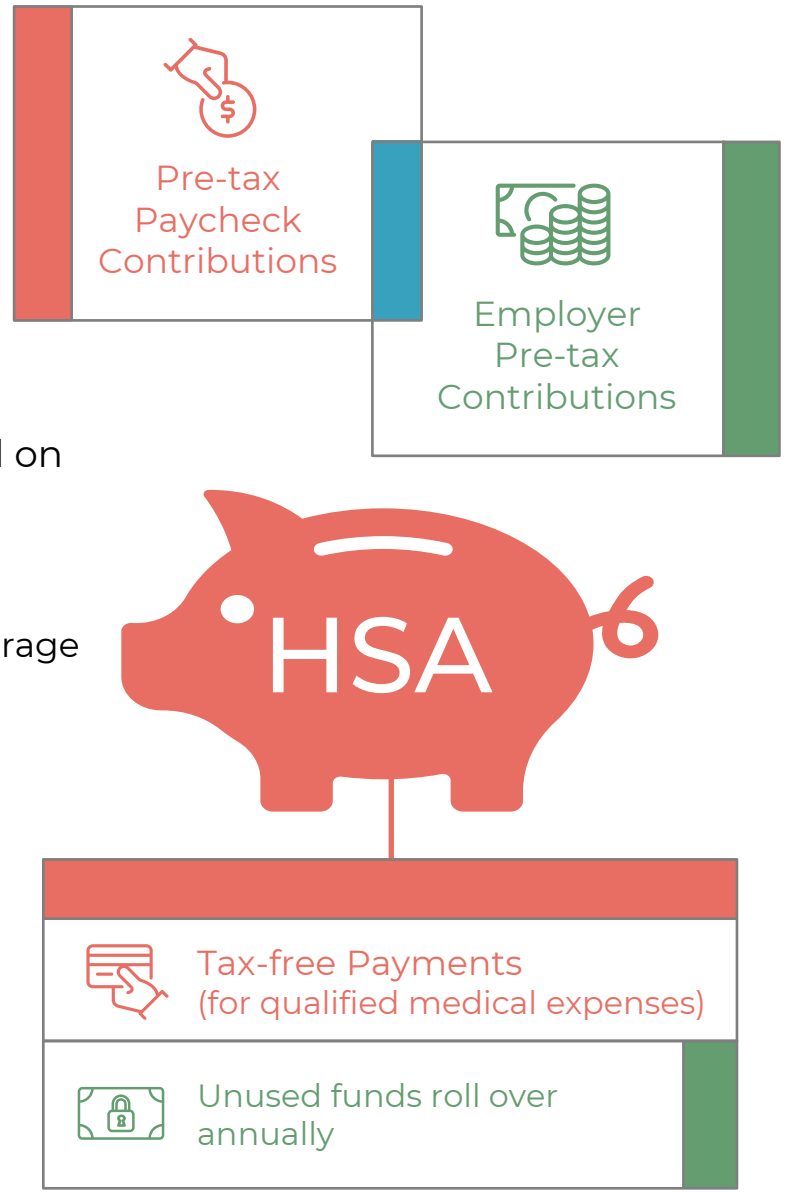
* Available through BCBSTX Medical plans only

Health Savings Account

HSA Highlights

- Pre-tax contributions
- Funds roll over each year and it's portable
- 2026 Contribution Limits: $4,400 for individuals and $8,750 for families

  Annual Catch-up for 55+ of $1,000/yr.
- Cacique contributes each pay period based on your enrollment in the HDHP Plan and coverage level:
  - $500 for Employee Only Coverage
  - $1,000 for Employee + Dependent(s) Coverage



Qualified Expenses

- Medical/pharmacy deductibles & coinsurance
- Medical, pharmacy, dental, & vision care
- Medical expenses for spouse/dependents
- Complete list: www.irs.gov

Health Savings Account

You're eligible if:

- Enrolled in an HSA-eligible HDHP.
- Not covered by spouse's non-HDHP health plan.
- Spouse does not have a Healthcare FSA or HRA.
- Not eligible to be claimed as a dependent.
- Not enrolled in Medicare or TRICARE.
- Have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care.



Flexible Spending Account

Healthcare Flexible Spending Account

- Contribute up to $3,400 with pre-tax dollars (increases take-home pay)
- Pay for eligible expenses with FSA debit card (avoid waiting for reimbursement)
- 2.5-month Grace Period

Dependent Care Flexible Spending Account

- Set aside up to $7,500 pre-tax
- Account is “use it or lose it;” no rollover
- Eligible dependents: children younger than 13, dependents incapable of caring for themselves
- Reimbursable expenses: day camp, after-school care, and preschool

Dental Premiums

Provided through BlueCross BlueShield of Texas

BI-WEEKLY CONTRIBUTIONS	Low DPPO	Mid-DPPO	High DPPO
EMPLOYEE ONLY	$2.97	$12.92	$21.23
EMPLOYEE + SPOUSE	$6.76	$29.08	$48.46
EMPLOYEE + CHILD	$5.69	$27.23	$43.85
EMPLOYEE + FAMILY	$9.62	$43.85	$72.00

Dental Benefits

	Low DPPO		Mid DPPO		High DPPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE						
INDIVIDUAL	$50	$50	$50	$50	$50	$50
FAMILY	$150	$150	$150	$150	$150	$150
ANNUAL MAXIMUM						
PER PERSON	$750	$750	$1,300	$1,300	$2,600	$2,600
COVERED SERVICES						
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	100%	100%	100%	100%	100%	100%
BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	50%	50%	80%	80%	80%	80%
MAJOR SERVICES Oral Surgery*, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy*, Periodontics*, Crowns, Dentures, Bridges	25%	25%	50%	50%	50%	50%
ORTHODONTICS Adults and Children	N/A	N/A	50%	50%	50%	50%
ORTHODONTIC LIFETIME MAXIMUM	N/A		$1,000		$1,500	

*Oral surgery, periodontic and endodontic treatment are covered as major services under the Low DPPO plan

Vision Benefits

Provided through Vision Services Plan (VSP) under the network: VSP Choice

VISION PLAN

BI-WEEKLY CONTRIBUTIONS	Base Plan	Vision with ProTec Safety
EMPLOYEE ONLY	$3.75	$4.99
EMPLOYEE + SPOUSE	$6.43	$7.70
EMPLOYEE + CHILD	$6.56	$7.83
EMPLOYEE + FAMILY	$10.58	$11.89

VISION PLAN

	Base Plan	ProTec Safety Plan	Frequency
EXAMS			
COPAY	$20	$20	Once every 12 months
LENSES			
SINGLE VISION	$20	$20	Once every 12 months
BIFOCAL	$20	$20	
TRIFOCAL	$20	$20	
LENTICULAR	$20	$20	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION**	Up to $60	Up to $60	Once every 12 months
ELECTIVE	$130	$130	
MEDICALLY NECESSARY	Covered in full	Covered in full	
FRAMES			
COPAY	$20	$20	Once every 24 months
ALLOWANCE	$130	$130	
SAFETY GLASSES			
	Not Covered	$10	

*After copay
**Fitting and Evaluation fee applied to contact lens allowance.

Supplemental Health, The Hartford

Accident Coverage

Provides benefits for you and dependents for expenses from accidental injury. Helps pay deductibles, copays, and everyday expenses.

Critical Illness Coverage

Pays a lump-sum benefit if diagnosed with a covered condition. Helps pay for expenses not covered by medical plan, lost wages, childcare, travel, home healthcare costs, or household expenses.

Hospital Indemnity Coverage

Pays cash benefits for a covered stay in a hospital. Helps pay for deductibles and copays, travel cost, food and lodging, or everyday expenses.

Accident Coverage

Provides benefits for you and dependents for expenses from accidental injury. Helps pay deductibles, copays, and everyday expenses. To be eligible, the accident must happen outside of work.

- Common treatments and conditions:

Accident-Related Treatment	Sample Payment Amounts
Initial Physician/Urgent Care Visit	$250
Emergency Room Treatment	$250
Initial Hospital Admission	$2,000
Daily Hospital Confinement	$600 / day
Non-Surgical Fracture Benefits	50% of open benefit

Benefit payments go directly to you.

Critical Illness Coverage

Critical Illness is a limited benefit policy that provides a benefit payment for unexpected covered medical conditions.

- You can choose $10,000 or $20,000 amounts
- Your spouse can get 100% of your benefit amount
- Your children get 50% of your benefit amount

Benefit Coverage	Sample Payment Amounts
Skin cancer	$250
Heart attack	100%
Stroke	100%
Coronary Artery Disease	25%
Coma	100%
Parkinson's Disease	100%

Benefit payments go directly to you.

Hospital Indemnity Coverage

Hospital Indemnity Coverage pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU).

Hospital Coverage	Sample Payment Amounts
Hospital admission	$1,000
Hospital stay (per day)	$150
Hospital ICU Stay	$300
Wellness/Health Screening	$50 once per year

- Helps you pay the out-of-pocket expenses your medical plan may not cover, such as deductibles
- The benefits in this plan are compatible with an HSA

Benefit payments go directly to you.

Survivor Benefits

Life and AD&D Insurance, The Hartford

- Basic Life & AD&D Insurance of 1x your annual compensation to a maximum of $400,000, provided at no cost
- Complete a beneficiary designation form
- Additional Life and AD&D benefits available via post-tax payroll deductions



Survivor Benefits

Voluntary Life

- VOLUNTARY EMPLOYEE LIFE AND AD&D
  - Employees may purchase additional Life and AD&D insurance in increments of $10,000, up to the lesser of 5x annual salary or $500,000.

- VOLUNTARY SPOUSE LIFE AND AD&D
  - Spouse Life and AD&D insurance is issued in increments of $5,000, up to $250,000, but not to exceed 100% of the employee's benefit.
  - Spouse coverage is available to those employees who purchase voluntary employee coverage.

- VOLUNTARY CHILD LIFE AND AD&D
  - Coverage for children from birth to 6 months equals $1,000.
  - Child Life and AD&D insurance is issued in increments of $2,000 to $10,000.
  - Child coverage is available to those employees who purchase supplemental employee coverage.

Income Protection

Disability Insurance

- Disability insurance replaces a portion of your income if you are unable to work due to a non-work-related illness/injury.
- Both Short-Term Disability and Long-Term Disability are 100% employer paid.

Short Term Disability	
60% OF YOUR WAGES, WEEKLY MAXIMUM BENEFIT	$2,300
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	25 weeks

Long Term Disability	
60% OF YOUR WAGES, MONTHLY MAXIMUM BENEFIT	$10,000
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT PERIOD	Social Security Normal Retirement Age

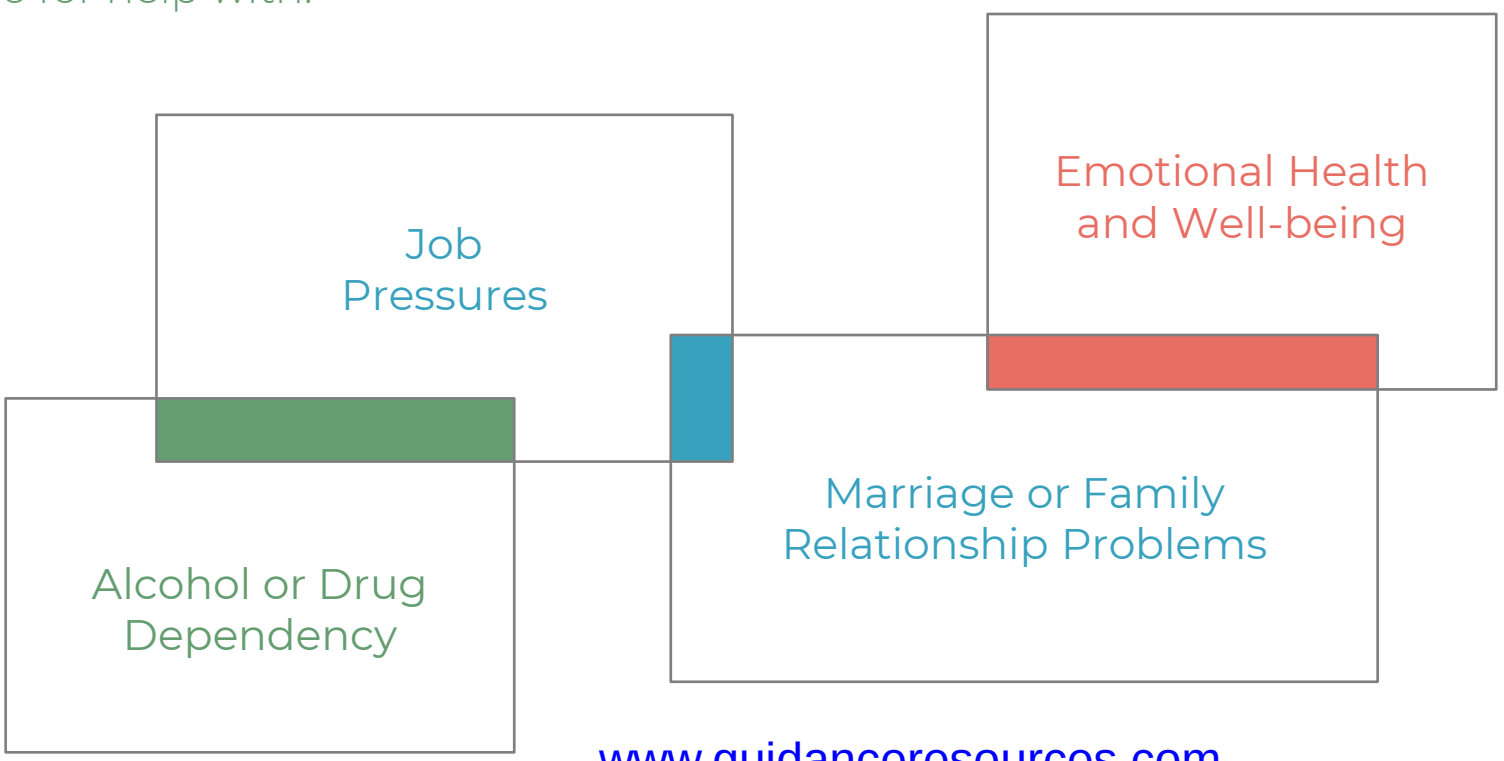
Additional Benefits

Employee Assistance Program

Ability Assist, The Hartford

Free to you and your dependents. Includes three face-to-face visits per issue with a licensed professional.

Use for help with:



www.guidanceresources.com
800.964.3577

Other Available Benefits

- Legal Plan
- Pet Insurance via Spot
- Travel Assistance
- Funeral Concierge Services
- Will Services
- *Well on Target* Wellness program through BlueCross BlueShield



Paid Time Off Benefits Summary

- Vacation
  - 2-week+ accruals per year, increases based on service date; maximum bank 2X annual accrual rate
- Sick Time
  - 48 hours per year accrual and the maximum bank will be 48 hours/*meet state requirements
- Holidays: 7 designated holidays; plus adding 16 hours of floating holiday time off to use per year
- Birthday Day Off: for use in your birth month
- Veterans Day: available to our teammates who are US Veterans
- Paid Parental Leave: 80 hours for new parents; based on FMLA eligibility to qualify
- Other: jury duty, bereavement, as applicable

2026 Cacique Holiday Observance Schedule

Holiday	Date Observed
New Year's Day	Thursday, January 1, 2026
Memorial Day	Monday, May 25, 2026
Independence Day	Friday, July 3, 2026
Labor Day	Monday, September 7, 2026
Thanksgiving Day and Day-After Thanksgiving	Thursday and Friday, November 26 - 27, 2026
Christmas Day	Friday, December 25, 2026
Floating Holiday	*16 hours to be requested/taken during the calendar year
Birthday: Paid Time Off	*8 hours requested/taken during birthday month

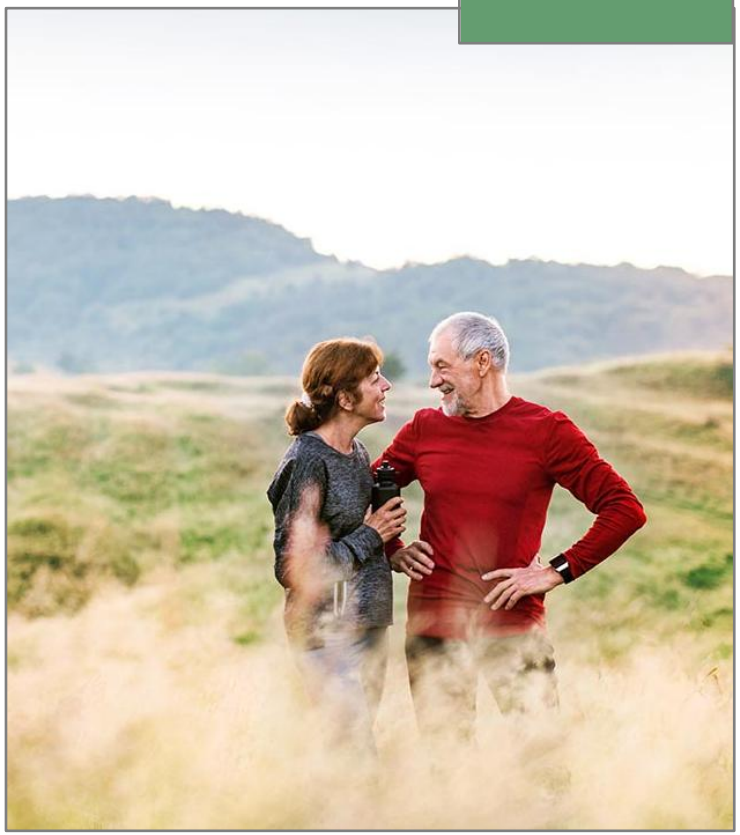
Holiday observance may vary due to production scheduling; sites will announce schedules prior to holiday observances

*Unused (floating holiday and/or birthday) time expires

Retirement Planning

- The 2026 max contribution is $24,500, subject to change per IRS guidelines
- If you are 50 or older and already contribute the max, you may make a “catch-up contribution” of $8,000.
- Those aged 60-63 who already contribute the max, you may make a “catch-up contribution” up to $11,500 in 2026.

PLAN AT A GLANCE	
PLAN NAME	CACIQUE FOODS, LLC PROFIT SHARING/SALARY SAVINGS PLAN; 595080
RECORDKEEPER	ADP RETIREMENT SERVICES
WEBSITE	WWW.MYKPLAN.COM
NEW ELIGIBILITY	• 18 years of age • First of month following completion of 30 days of service
COMPANY MATCH	100% of your salary deferrals, up to 5% of eligible compensation
VESTING	(Company match) 5 Years



Benefits And HR Services via ADP

MyLife Advisors

Real people, ready to help

- **Benefit Support**
  - Benefit Eligibility
  - Beneficiaries & Dependents
  - LifeMart Discounts
- **Portal & Mobile Navigation**
  - Password Resets & Registration
  - MyLearning
- **Payroll Inquiries**
  - Paychecks/Withholdings
  - Paid Time Off (PTO)
- **HR Inquiries**
  - New Hire Onboarding
  - Employee Company Policies

Monday–Friday,
8 a.m.–11:30 p.m. ET
855.547.8508
24-7 support via MySolutions in the Mobile App
MyLifeAdvisor@adp.com



How to Enroll

Visit https://britehr.app/Cacique if you need help choosing a plan based on your family's healthcare utilization.

Login to www.workforcenow.adp.com to make your new hire elections.

You have 30 days from your start date to make your elections

Cacique HR Contacts

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- Tmcclendon@Caciquefoods.com
- 626.937.3575
- Andi Peralta, HR Business Partner, HR Operations
- Aperalta@Caciquefoods.com
- 626.937.3552

