



# 2026 PLAN YEAR BENEFITS-AT-A-GLANCE



**Enroll by Telephone: 1-855-616-7502**

Full-time employees with a regular schedule of **30 hours per week** are eligible for the benefits described below. Coverage for most benefit plans are effective on the first day of the month following 60 days of employment.

 <b>Medical Coverage</b>	<b>QHDHP 2000 Plan</b>	
	<b>In-Network, You Pay:</b>	<b>Out-of-Network, You Pay:</b>
<b>Deductible</b> (Individual / Family)	<b>\$2,000 / \$4,000</b>	<b>\$2,000 / \$4,000</b>
<b>Out-Of-Pocket Max</b> (Individual / Family)	\$2,000 / \$4,000 <i>Deductible Included</i>	\$3,500 / \$7,000 <i>Deductible Included</i>
<b>Preventive Services</b>	No charge	No charge
<b>Office Visits</b>	100% after deductible	70% after deductible
<b>Urgent Care Centers</b>	100% after deductible	70% after deductible
<b>Lab, X-Ray, Diagnostic</b> (non-hospital)	100% after deductible	70% after deductible
<b>Emergency Room</b> Facility	100% after deductible	100% after deductible
<b>Prescription Drugs</b> (Retail & Maintenance)	100% after deductible	100% after deductible
 <b>Plan Cost Per Pay</b>	Employee Only: \$75.00   Family: \$245.00	

**Capital** 

Group # 00532258  
1-800-962-2242  
[www.capbluecross.com](http://www.capbluecross.com)



**Access your Capital Blue Cross Member Account & ID Card Here.**



Access the detailed benefits guide and enrollment video at [www.kreiderfarms.com/benefits](http://www.kreiderfarms.com/benefits) or by scanning this QR code.





1-800-237-7288  
[www.members1st.org](http://www.members1st.org)

## Health Savings Account

If you enroll in **QHDHP 2000**, you are eligible for a Health Savings Account (HSA) through Members 1st. HSA's are financial accounts that you can use to accumulate tax-free funds to pay for qualified health care expenses, as defined by the Internal Revenue Service. Contact HR to enroll.



Group # 903316000  
1-800-332-0366  
[www.unitedconcordia.com](http://www.unitedconcordia.com)

 <b>Dental Coverage</b>	<b>In-Network*</b>
<b>Annual Deductible</b> (Individual / Family)	<b>\$25 / \$75</b>
<b>Annual Maximum per member</b>	\$1,000
<b>Preventive Services</b>	No Cost; 100% Covered
<b>Basic Services</b>	20% after deductible
<b>Major Services</b>	50% after deductible
<b>Orthodontia Services</b>	50% after deductible
<b>Orthodontia Lifetime Max</b> <i>Dependent Children to Age 19</i>	\$1,000
 <b>Plan Cost Per Pay</b>	Employee Only: \$17.50   Employee + 1: \$35.00   Family: \$52.50



Group # 02540881-82  
1-800-223-4795  
[www.highmarkblueshield.com](http://www.highmarkblueshield.com)



<b>Vision Coverage</b>	<b>In-Network*</b>
<b>Eye exam</b>	\$0 copay
<b>Lenses</b>	\$0 copay
<b>Frames</b>	Up to \$225
<b>Medically Necessary Contact Lenses</b>	Included
<b>Frequency Months</b> (Exam / Lenses / Frames)	12 / 12 / 24



1-800-423-2765  
www.LincolnFinancial.com

### Basic Life Insurance

Kreider Farms offers all employees life and accidental death and dismemberment insurance through Lincoln Financial with an enclosed amount of \$20,000. Kreider Farms covers the cost of this benefit. Your benefit amount will reduce at age 65, please refer to the plan summary for further details.



Plan Cost Per Pay

**No Cost; Paid by  
Kreider Farms**



1-800-423-2765  
www.LincolnFinancial.com

### Voluntary Life Insurance

Elect coverage up to the Guaranteed Issue during the initial enrollment period and you will not be required to answer health questions to qualify for coverage. Amounts over the Guaranteed Issue amount will require Evidence of Insurability (EOI).

**Employee Benefit:** increments of \$10,000 up to \$500,000 or 5x the employee's annual earnings rounded to the next higher \$10,000 or \$500,000  
**Guarantee Issue:** \$200,000  
**Age Reduction:** Your benefit amount will reduce at age 70, please refer to the plan summary for further details.

**Spouse Benefit:** increments of \$5,000 up to \$250,000, not to exceed 2.5x annual earnings rounded to the next higher \$5,000 or \$250,000  
**Guarantee Issue:** \$30,000  
**Benefits Term:** When employee reaches age 70.

**Child(ren)** Day 1 to 6 months: \$1,000  
6 months to 26 years: \$20,000



Plan Cost Per Pay

**Employee Paid; Rate based  
on age. Contact Call Center  
or HR for further details**



1-888-621-5491  
www.pcsretirement.com

### 401(k) Retirement Plan

Kreider Farms matches 50% of the first 6% of your 401(k) contributions per the vesting schedule of the plan. Kreider Farms offers both pre-tax and Roth saving options.



1-800-423-2765  
www.LincolnFinancial.com

### Short-Term Disability Insurance

**Benefits Start After:** 7 day accident & illness waiting period

**Benefit Amount:** 60% of basic weekly earnings up to \$2,500 per week

**Benefit Duration:** 25 weeks



Plan Cost Per Pay

**Employee Paid; Rate  
based on age. Contact  
Call Center or HR for  
further details**



1-800-423-2765  
www.LincolnFinancial.com

### Long-Term Disability Insurance

**Benefits Start After:** 180 days

**Benefit Amount:** 60% to \$6,000 monthly max

**Benefit Duration:** Social Security Normal Retirement Age (SSNRA)



Plan Cost Per Pay

**Employee Paid; Rate  
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further details**



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www.LincolnFinancial.com

### Additional Benefits

**Accident Insurance:** Designed to help covered individuals meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic.

**Critical Illness Insurance:** Can help offset the financial effects of a catastrophic illness with a lump sum benefit if you are diagnosed with a covered critical illness.

**Hospital Indemnity Insurance:** Provides financial protection by paying a benefit due to a hospitalization and, in some cases, for treatment received for an accident or sickness.



Plan Cost Per Pay

**Employee Paid; Rate  
based on age. Contact  
Call Center or HR for  
further details**

If you have any benefits related questions or concerns, please do not hesitate to call Genisee Carranza.



1-717-665-8256



genisee.carranza@kreiderfarms.com