

A photograph of a family of four outdoors. A man in a white shirt is smiling, with a young boy on his shoulders. A woman and a young girl are also smiling and looking towards the camera. The background is a blurred outdoor setting with greenery.

FOR

A photograph of a Black family of four sitting on a light-colored couch indoors. A man and a woman are smiling, with a young girl in front of them. The background shows a modern living room with a plant on a table.

YOUR

A photograph of a family of four indoors. A man in a blue shirt is smiling, with a young boy in front of him. A woman and a young girl are also smiling and looking towards the camera. The background is a bright, modern interior.

BENEFIT

Effective May 1, 2022

KALERA 

CONTENTS

Benefits Overview.....	3
Medical Insurance.....	4
Flexible Spending Accounts (FSA).....	6
Dental Benefits.....	9
Vision Insurance.....	10
Life and Accidental Death & Dismemberment Insurance.....	11
Voluntary Life and AD&D Insurance.....	11
Critical Illness Insurance.....	12
Accident Insurance.....	13
Hospital Indemnity Insurance.....	14
Contact Information.....	15
Employee Contributions.....	15



This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.



BENEFITS OVERVIEW

Kalera is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

BENEFITS OFFERED

- Medical
- Flexible Spending Account (FSA)
- Dental
- Vision
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Voluntary Accident
- Voluntary Critical Illness
- Voluntary Hospital Indemnity

ELIGIBILITY

You and your dependents are eligible for Kalera benefits on the first of the month following 60 days of employment.

Eligible dependents are your spouse/domestic partner, children under age 26, disabled dependents of any age, or Kalera eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

MEDICAL INSURANCE



BASE PLAN

BUY UP PLAN

	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		Unlimited	
Annual Deductible	\$2,000 single / \$4,000 family	\$4,000 single / \$8,000 family	\$1,500 single / \$3,000 family	\$3,000 single / \$6,000 family
Annual Out-of-Pocket Maximum	\$5,000 single / \$10,000 family	\$10,000 single / \$20,000 family	\$4,000 single / \$8,000 family	\$8,000 single / \$16,000 family
Coinsurance	20%	50%	20%	50%
DOCTOR'S OFFICE				
Primary Care Office Visit	\$25 copay per visit	50% after deductible	\$25 copay per visit	50% after deductible
Specialist Office Visit	\$75 copay per visit	50% after deductible	\$75 copay per visit	50% after deductible
Wellness Care (routine exams, immunizations, well baby care and mammograms)	0%	50% after deductible	0%	50% after deductible
Diagnostic test (x-ray, blood work)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
PRESCRIPTIONS				
Retail—Tier 1 Drug (30-day supply)	\$10 copay per prescription	\$10 copay per prescription	\$15 copay per prescription	\$15 copay per prescription
Retail—Tier 2 Drug (30-day supply)	\$35 copay per prescription	\$35 copay per prescription	\$35 copay per prescription	\$35 copay per prescription
Retail—Tier 3 Drug (30-day supply)	\$75 copay per prescription	\$75 copay per prescription	\$75 copay per prescription	\$75 copay per prescription
Retail—Tier 4 Drug (30-day supply)	\$250 copay per prescription	\$250 copay per prescription	\$250 copay per prescription	\$250 copay per prescription
Mail Order—Tier 1 Drug (90-day supply)	\$25 copay per prescription	\$25 copay per prescription	\$38 copay per prescription	\$38 copay per prescription
Mail Order—Tier 2 Drug (90-day supply)	\$88 copay per prescription	\$88 copay per prescription	\$88 copay per prescription	\$88 copay per prescription
Mail Order—Tier 3 Drug (90-day supply)	\$188 copay per prescription	\$188 copay per prescription	\$188 copay per prescription	\$188 copay per prescription
Mail Order—Tier 4 Drug (90-day supply)	\$625 copay per prescription	\$625 copay per prescription	\$625 copay per prescription	\$625 copay per prescription
HOSPITAL SERVICES				
Emergency Room	ER Physician: 20% after deductible Facility: \$300 copay per visit, 20% after deductible	ER Physician: 0% after deductible Facility: \$300 copay per visit, 0% after deductible	Physician: 0% after deductible Facility: \$300 copay per visit, 20% after deductible	Physician: 0% after deductible Facility: \$300 copay per visit, 0% after deductible
Inpatient	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Ambulance Service	20% after deductible	20% after deductible	20% after deductible	20% after deductible

MENTAL HEALTH SERVICES

Inpatient Services	Physician: 20% coinsurance per visit Facility: 20% after deductible	Physician: 50% after deductible Facility: 50% after deductible	Physician: \$75 copay per visit Facility: 20% after deductible	Physician: 50% after deductible Facility: 50% after deductible
Outpatient Services	Physician: \$75 copay per visit Facility: 20% after deductible	Physician: 50% after deductible Facility: 50% after deductible	Physician: \$60 copay per visit Facility: 20% after deductible	Physician: 50% after deductible Facility: 50% after deductible

SUBSTANCE ABUSE SERVICES

Inpatient Services	Physician: 20% coinsurance per visit Facility: 20% after deductible	Physician: 50% after deductible Facility: 50% after deductible	Physician: \$75 copay per visit Facility: 20% after deductible	Physician: 50% after deductible Facility: 50% after deductible
Outpatient Services	Physician: \$75 copay per visit Facility: 20% after deductible	Physician: 50% after deductible Facility: 50% after deductible	Physician: \$60 copay per visit Facility: 20% after deductible	Physician: 50% after deductible Facility: 50% after deductible

OTHER SERVICES

Maternity Services	Primary care visit: \$25 copay per visit Specialist visit : \$75 copay per visit	50% after deductible	Primary care visit: \$25 copay per visit Specialist visit : \$25 copay per visit	50% after deductible
All other maternity hospital/ physician services	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Muscle Manipulation Services	Covered	Covered	Covered	Covered
Physical, Occupational and Speech Therapy Services	20% after deductible (30 visits)	50% after deductible (30 visits)	20% after deductible (30 visits)	50% after deductible (30 visits)
Skilled Nursing 60 visits calendar year maximum	20% after deductible	50% after deductible	20% after deductible	50% after deductible



FLEXIBLE SPENDING ACCOUNTS (FSA)



HEALTH CARE FSA

Administered by Health Equity, formerly known as Wage Works

Pay for eligible health-related expenses with pre-tax money deducted from each paycheck. Use your FSA debit card to pay your provider when you receive care.



Medical

deductibles, copays, coinsurance



Pharmacy

prescription drug copays



Dental

dental & orthodontic expenses



Vision

glasses options, contact lenses, copays

NUMBERS AND DATES:

- Contribute up to **\$2,400** per year
- **Estimate carefully.** Any unused funds at the end of the plan year will be forfeited per IRS requirements.

The IRS requires substantiation (proof) of all FSA claims. Please **keep your receipts** for all FSA expenses and submit them to Health Equity upon request to prevent debit card deactivation. Contact Health Equity at **877.924.3967** with questions or receipt submission issues.



Enrollment in your FSA is for services rendered between January 1, 2022 through December 31, 2022. You will have through March 2023 to file unpaid claims.

All Savers Alternate Funding UnitedHealthcare Motion

Walk to earn over \$1,000 a year

What is it?

An innovative, web-based activity program that works with your activity tracker and an app. All Savers® Alternate Funding recognizes the value of being active; you can wear your tracker to earn rewards that reimburse qualified out-of-pocket medical expenses. Staying active is not only good for your physical health, it may be one of the best medicines for mental health, too.

How does it work?

After you set up the tracker and sync it with your computer or smartphone, wear it daily—and walk—paying attention to its helpful reminders. Log in to a personal dashboard for near-real-time feedback on your progress and rewards earned. You can earn over \$1,000 to help reduce your annual health care costs. Your tracker measures how often you walk, how fast you walk and the number of steps you take. The research used to develop this program proved it's significantly more beneficial to your health to 1) get up and move multiple times a day, 2) include one moderately intense walk and 3) reach a step-count goal. It's called FIT because Frequency, Intensity and Tenacity matter.

How to sign up:

- 1 Log in to your account at myallsaversconnect.com and click the UnitedHealthcare Motion® link
- 2 Create your UnitedHealthcare Motion account, and receive a \$55 credit just for registering
- 3 Select an activity tracker of your choice using the \$55 registration credit to be shipped to your home. If you already have a FIT-compatible activity, you can save the registration credit for reimbursement of qualified out-of-pocket medical expenses.
- 4 Follow the instructions to set up your activity tracker and sync it with your computer or smartphone



For the maximum benefit, meet these daily goals:

- Take 6 brief walks, at least 1 hour apart (each 300 steps within 5 minutes)
- Take 1 brisk walk (3,000 steps within 30 minutes or 30 minutes performing other eligible activities)
- Walk at least 10,000 steps total

Questions?

Call **1-855-256-8669** or email unitedhealthcaremotion@uhc.com

This program is not insurance.

UnitedHealthcare Motion is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker and/or certain credits may have tax implications. You should consult an appropriate tax professional to determine if you have any tax obligations from receiving an activity tracker and/or certain credits under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. Contact us at 1-855-256-8669 or unitedhealthcaremotion@uhc.com and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop loss insurance is underwritten by All Savers Insurance Company (except MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

EL20379777 11/20 © 2020 United HealthCare Services, Inc. All Rights Reserved. 20-379778





Simplify your life with **virtual care**

Access to doctors and therapists by phone, video or app



Take control of your health. Download the app to start using your virtual care services provided as part of your All Savers® Alternate Funded benefits.



Talk to a doctor 24/7

For conditions like the flu, bronchitis, allergies, sore throats, skin conditions and more.



Get expert medical advice

Get expert advice on any medical condition, treatment or surgery



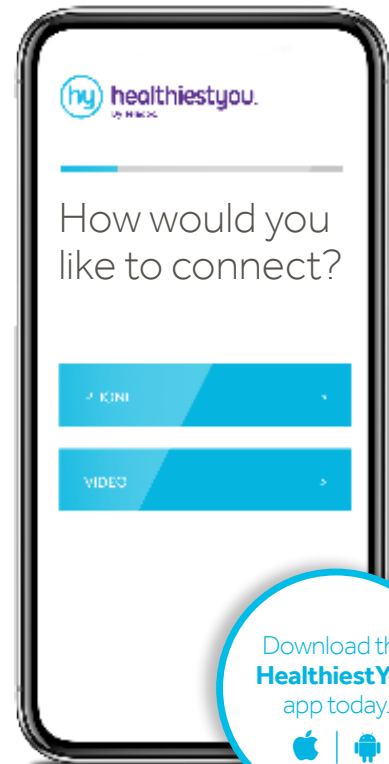
Confidential counseling 7 days a week

Talk to a therapist or psychiatrist of your choice 7 days a week to feel like yourself again



Personalized pain relief from home

Get pain relief without leaving home



Don't miss out on your virtual care benefit

Download the app | HealthiestYou.com | 866-703-1259

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by All Savers Insurance Company (except MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

© Teladoc Health, Inc. All rights reserved. HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services.

715457910_092420211_EF

DENTAL BENEFITS



Administered by Humana

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Kalera dental benefit plan.

Services	In-Network and Out-of-Network PPO
Annual Deductible	\$50 per person; \$150 family limit
Annual Benefit Maximum	Unlimited
Preventive Dental Services (cleanings, exams, x-rays)	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	90% after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	60% after deductible
Orthodontia Services	Members may receive a discount of up to 20%



VISION INSURANCE



Administered by Humana

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages.

Protection for the eyes should be a major concern to everyone.

YOUR COVERAGE FROM A HUMANA VCP DOCTOR

	In-Network (any VCP provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	\$10 copay	Up to \$30
Lenses — once every 12 months		
Single Vision Lenses	\$15 copay	Up to \$100**
Bifocal Lenses	\$15 copay	Up to \$100**
Trifocal Lenses	\$15 copay	Up to \$100**
Frames — once every 24 months	\$130 allowance	Up to \$65
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames		
Electives	\$130 allowance	Up to \$104
Medically Necessary	Covered in full	Up to \$200

No need for an ID card. To take advantage of your Humana vision benefit, simply contact a VCP provider and let them know you have Humana coverage—they handle the paperwork for you.

***Reimbursement amount depends on type of lens*



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE



Insured by Mutual of Omaha

LIFE INSURANCE

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Kalera. The company provides basic life insurance of 1 x your salary up to \$350,000 at no cost to you if you participate in the medical plans offered by Kalera.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Kalera provides AD&D coverage of 1 x your salary up to \$350,000 at no cost to you if you participate in the medical plans offered by Kalera.

VOLUNTARY LIFE AND AD&D INSURANCE

Insured by Mutual of Omaha

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$100,000 or five times your salary, and up to \$25,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee— Up to five times your salary in increments of \$10,000; \$300,000 maximum amount

Spouse— Up to \$150,000 in increments of \$5,000

Children— Up to \$10,000 in increments of \$10,000

DISABILITY INSURANCE

Kalera also provides disability insurance through Mutual of Omaha. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it Works	Who Pays for the Benefit
Short-term Disability	You receive 60% of your income up to \$2,000 per week. Benefits begin after 7 calendar days for accident and illness and continue for up to 12 weeks.	Kalera
Long-term Disability	You receive 60% of your income up to \$12,500 per month. Benefits begin when short-term disability benefits end and continue until you reach the Social Security retirement age.	Kalera



CRITICAL ILLNESS INSURANCE

Administered by Voya

Voya's voluntary Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition that occurs on or after your coverage effective date. No medical questions are required for coverage and you can elect coverage for yourself or yourself and your spouse. Dependent children automatically covered for 50% of your benefit amount at no additional cost.

You can use the lump sum benefit payment for any purpose you choose - paying deductibles, childcare, transportation costs, loss of income or any financial need. A benefit is paid regardless of any other coverage you may or may not have.

Examples of Covered Conditions (Not an all-encompassing list):

- Cancer
- Heart Attack
- Stroke
- Major Organ Transplant
- Advanced Dementia or Alzheimer's disease
- Permanent Paralysis
- Benign Brain Tumor
- End Stage Renal Disease
- Severe Burns
- Skin Cancer (10% benefit)

BENEFIT AMOUNTS:

- Employee Benefit Amounts: You choose a \$10,000 or \$20,000 benefit amount
- Spouse Benefit Amounts: 50% of Employee Benefit
- Children Benefit: Automatically covered for 50% of the Employee Benefit at no cost

WELLNESS BENEFIT:

Health screening tests can help diagnose a condition early or prevent an illness altogether. This benefit pays you \$50 after you go for an annual health screening test. Payable per person covered on this plan.

ACCIDENT INSURANCE

Administered by Voya

Voluntary Accident Insurance with Voya can help relieve the financial stress that comes with an accidental injury. It pays benefits for specific, covered accidents and injuries that happen on or after your coverage effective date. The benefit amount depends on the type of injury you incur, and the treatment you receive. The benefit is paid directly to you and regardless of any other coverage you may have. Medical questions are not required for coverage and you can elect coverage for yourself, your spouse and your children.

SPORTS PACKAGE:

Pays 25% more up to a maximum additional benefit of \$1,000 if the covered accident is the result of participating in an organized sporting activity.

Let's say your child breaks a leg at soccer practice. Here is how the Voya Accident plan will pay:

Example of Benefit Amounts:	
Ambulance	\$400
Emergency Room	\$250
X-Ray	\$90
Fracture	\$3,400
Crutches	\$275
Physical Therapy x 2 Visits	\$240
Doctor Follow up Visits	\$120
Subtotal	\$4,775
PLUS Sports Package	\$1,000
Total Payment	\$5,775

HOSPITAL INDEMNITY INSURANCE

Administered by Voya

Hospital Indemnity Insurance pays an initial admission benefit + a daily benefit if you have a covered stay in a hospital, critical care unit, or rehabilitation facility. This benefit is payable for sickness, injury, pregnancy, COVID-19, etc.

FEATURES INCLUDE:

- **Guaranteed Issue:** No medical questions or pre-existing condition limitation
- **Flexible:** Benefits are payable directly to you and can be used for any purpose you choose
- **No Waiting Period:** Coverage available as of coverage effective date

Benefit Schedule	
Hospital Admission	\$1,500 for first day of hospital confinement
Daily Confinement	\$100 up to 31 days, beginning day 2
Critical Care Unit	\$200 up to 30 days, beginning day 2
Rehabilitation Facility	\$50 up to 10 days, beginning day 2
Newborn Benefit	\$100 is payable for the newborn child's birth.

CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	UnitedHealthcare	800.291.2634	www.uhc.com
Flexible Spending Account (FSA)	HealthEquity/Wage Works	877.924.3967	www.wageworks.com
Dental	Humana	800.223.4013	www.myhumana.com
Vision	Humana	800.223.4013	www.myhumana.com
Life and AD&D	Mutual of Omaha	800.775.6000	www.mutualofomaha.com
Voluntary Life and AD&D	Mutual of Omaha	800.775.6000	www.mutualofomaha.com
Short Term Disability	Mutual of Omaha	800.775.6000	www.mutualofomaha.com
Long Term Disability	Mutual of Omaha	800.775.6000	www.mutualofomaha.com
Voluntary Accident	Voya	877.236.7564	www.voya.com
Voluntary Critical Illness	Voya	877.236.7564	www.voya.com
Voluntary Hospital Indemnity	Voya	877.236.7564	www.voya.com
Human Resources	Maricruz Gonzalez	407.870.3690	Maricruz.Gonzalez@kalera.com

EMPLOYEE CONTRIBUTIONS

Benefit Plan	Biweekly
MEDICAL RATES / BASE PLAN	
Employee Only	\$9.75
Employee + Spouse	\$158.52
Employee + Child(ren)	\$127.48
Employee + Family	\$310.47
MEDICAL RATES / BUY UP PLAN	
Employee	\$23.12
Employee + Spouse	\$187.10
Employee + Child(ren)	\$152.99
Family	\$353.34

Benefit Plan	Biweekly
DENTAL RATES	
Employee Only	\$0.00
Employee + Spouse	\$14.01
Employee + Child(ren)	\$21.72
Employee + Family	\$35.73
VISION RATES	
Employee	\$0.00
Employee + Spouse	\$2.27
Employee + Child(ren)	\$2.04
Family	\$4.50



This benefit guide prepared by



Gallagher

Insurance | Risk Management | Consulting