

PART I - SCHEDULE OF BENEFITS

Policyholder: Terrakotta Inc dba Laguna Clay Company

Policy Effective Date: 06/01/2026

Policy Number: AFCA373718

Policyholder's Address: 14400 Lomitas Ave
City of Industry, CA 91746

Associated Companies: NA

Initial Term: 12 Months

Eligible Classes: All Actively at Work Eligible Members working at least 30 hours per week and Eligible Dependents completing the Eligibility Period

Eligibility Period: First of the month following 2 months from the first day of Actively at Work

Mode of Premium Payment: Monthly

Method of Premium Payment: Remitted by Policyholder to Us

Premium Due Date: 1st of every month

Plan Year: Your Plan Year is a Calendar Year Plan

Deductible:

In-Network	Year 1	Year 2	Year 3+
Individual	\$50	\$50	\$50
Individual Deductible – Maximum Amount per Family	\$75	\$75	\$75
Individual Deductible – Maximum Number per Family	3	3	3
Applies to Classes	B,C	B,C	B,C

Out-of-Network	Year 1	Year 2	Year 3+
Individual	\$50	\$50	\$50
Individual Deductible – Maximum Amount per Family	\$75	\$75	\$75
Individual Deductible – Maximum Number per Family	3	3	3
Applies to Classes	B,C	B,C	B,C

Co-Pay: See Schedule of Covered Procedures

Waiting Periods: See Schedule of Covered Procedures

Plan Year Benefit Maximum:

In-Network:		
<u>Year 1</u>	<u>Year 2</u>	<u>Years 3 & Beyond</u>
\$1,500	\$1,500	\$1,500
Out-of- Network:		
<u>Year 1</u>	<u>Year 2</u>	<u>Years 3 & Beyond</u>
\$1,500	\$1,500	\$1,500

Takeover Benefits: NA

Percentages of Maximum Reimbursement:

	In-Network	Out-of-Network	Subject to Plan Year Benefit Max.	Maximum Lifetime Benefit
Class A	100%	100%	Yes	None
Class B	80%	80%	Yes	None
Class C	50%	50%	Yes	None