

## 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:** 1<sup>st</sup> of every month

**Plan Year:** Your Plan Year is a Calendar Year Plan

**Deductible:**

| <b>In-Network</b>                                 | <b>Year 1</b> | <b>Year 2</b> | <b>Year 3+</b> |
|---------------------------------------------------|---------------|---------------|----------------|
| Individual                                        | \$75          | \$75          | \$75           |
| Individual Deductible – Maximum Amount per Family | \$225         | \$225         | \$225          |
| Individual Deductible – Maximum Number per Family | 3             | 3             | 3              |
| Applies to Classes                                | B,C           | B,C           | B,C            |

| <b>Out-of-Network</b>                             | <b>Year 1</b> | <b>Year 2</b> | <b>Year 3+</b> |
|---------------------------------------------------|---------------|---------------|----------------|
| Individual                                        | \$75          | \$75          | \$75           |
| Individual Deductible – Maximum Amount per Family | \$225         | \$225         | \$225          |
| 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:**

|                         |               |                             |
|-------------------------|---------------|-----------------------------|
| <b>In-Network:</b>      |               |                             |
| <u>Year 1</u>           | <u>Year 2</u> | <u>Years 3 &amp; Beyond</u> |
| \$1,000                 | \$1,000       | \$1,000                     |
| <b>Out-of- Network:</b> |               |                             |
| <u>Year 1</u>           | <u>Year 2</u> | <u>Years 3 &amp; Beyond</u> |
| \$1,000                 | \$1,000       | \$1,000                     |

**Takeover Benefits:** NA

**Percentages of Maximum Reimbursement:**

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