



Effective January 1, 2020 – December 31, 2020

| MEDICAL | Blue Shield Access+ HMO 20-250 | Kaiser Traditional HMO | Blue Shield PPO 10-250 90/70 | |
|--|--|---|--|--|
| | | | NETWORK | NON-NETWORK |
| Deductible | None | None | \$250 Individual / \$750 family | |
| Out-of-Pocket Maximum | \$2,000 Individual \$4,000 Family | \$1,500 Individual \$3,000 Family | \$1,750 Individual \$3,500 Family | \$3,250 Individual \$6,500 Family |
| Office Visits / Self-referred Specialist | \$20* / \$30 | \$20 | \$10 | 30% |
| Preventive Care | No Charge | No Charge | No Charge | Not Covered |
| Hospital Services | \$250/admission | \$250/admission | 10% | 30% up to \$600/day |
| Emergency Room | \$150/visit | \$100/visit | \$150/visit + 10% coinsurance | \$150/visit + 10% coinsurance |
| Prescriptions | 30-day supply | 30-day supply | 30-day supply | 30-day supply |
| ■ Tier 1 | \$5 | \$10 | \$10 | 25% of purchase price + \$10 |
| ■ Tier 2 | \$10 | \$30 | \$30 | 25% of purchase price + \$30 |
| ■ Tier 3 | \$25 | \$30 | \$50 | 25% of purchase price + \$50 |
| ■ Tier 4 | 20% to \$200 | \$30 | 30% up to \$200 | 25% of purchase price + 30% coinsurance to \$200 |
| Mail Order Drug Program | \$10 / \$20 / \$50 / 20% to \$400 90-day supply | \$20 / \$60 / \$60 / NA 100-day supply | \$20 / \$60 / \$100 / 30% to \$400 90-day supply | N/A |
| *\$20 specialist copay if referred by PCP, \$30 specialist copay self-referral, must remain in medical group | | | | |

| DENTAL (United Concordia) | Elite Plus Network | Non-Network |
|--------------------------------|-------------------------------|-------------|
| Deductible | \$50 Individual, \$150 Family | |
| Preventive (deductible waived) | 100% | 100% |
| Basic | 80% | 80% |
| Major | 50% | 50% |
| Calendar Year Max. | \$1,500 person | |
| Orthodontia (Adult & Child) | 50% | 50% |
| Ortho Lifetime Maximum | \$1,500 | |

| Vision (VSP) | Choice Network |
|---------------------------------------|---------------------------------|
| Frequency (months) | 12 exam / 12 lenses / 24 frames |
| Examination | \$10 copay |
| Materials | \$25 copay |
| Lenses | Covered in full after copay |
| Frames | \$150 allowance |
| Elective Contacts – in lieu of frames | \$150 allowance |

BASIC LIFE/AD&D INSURANCE

- 1x salary to a maximum of \$100,000 (employer paid)

VOLUNTARY LIFE/AD&D INSURANCE

- Increments of \$10,000 to a maximum of 5x salary
- Guarantee Issue Amount: \$150,000
- Dependent coverage is also available

LONG TERM DISABILITY

- 60% of an employee's current monthly salary up to \$6,000 per month
- Benefit payments will begin after a 90-day elimination period.

FLEXIBLE SPENDING ACCOUNTS (FSA)

- Health Care: \$2,750 annual maximum
- Dependent Care: \$5,000 annual maximum

CONTRIBUTIONS

- Opportunity fund contributes 100% of employee premiums and 85% of dependent premiums for medical, dental, and vision coverage
- Benefit Opt-Out Credits available for medical, dental, and vision

OTHER COMPANY BENEFITS

- 11 paid holidays, 12 vacation days & 10 sick days annually. Additional time off with increased tenure
- \$1,000 employer contribution plus \$1,000 employer match to 403b plan. Additional matching with increased tenure
- Out of CA: Short Term Disability (STD)
- Perkspot: Employee Discount Program

CARRIER CONTACT INFORMATION

| PLAN | CARRIER | CONTACT INFO | POLICY # |
|-------------------------|------------------|---------------------------------------|--------------------------|
| Medical | Blue Shield | 888-256-1915 blueshieldca.com | W0083556 |
| Medical | Kaiser | 800-464-4000 kp.org | 659268 NCA 341879 SCA |
| Dental | United Concordia | 888-320-3316 unitedconcordia.com | 907332 |
| Vision | VSP | 800-877-7195 vsp.com | 30049820 |
| Life, AD&D & Disability | The Hartford | 800-303-9744 hartfordlife.com | 874778 |
| EAP Ability Assist | The Hartford | 800-964-3577 guidanceresources.com | HLF902 / ABILI |
| Travel Assist | The Hartford | 800-243-6108 thehartford.com | ID # GLD-09012 |

Information in this document offers highlights of your benefit plans. The official Plan Documents actually govern your rights and benefits under each plan. If any discrepancy exists between this document and the Plan Documents, the actual legal Plan Documents will prevail. Plan provisions and eligibility do not constitute an employment contract with any individual. Coverage may vary state to state according to state mandated benefits.