



▶ 2025-26 | BENEFITS GUIDE



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Please refer to plan documents for details, including important coverage exclusions and limitations. If there are any discrepancies between this benefits summary and plan documents, the plan documents will govern.

WELCOME TO YOUR BENEFITS

At Generations Healthcare, you are a vital part of our success. We have chosen benefits we believe will support your physical, emotional, and financial wellbeing.


Everyone's needs are different — that's why we give you options to choose the right plan for you at the best price. Take a look at the benefits offered throughout this guide to make the best decisions for you and your family.

WHAT'S CHANGING

California IRS mandatory deductible increase for the Anthem HSA HDHP plan:

Anthem HSA HDHP:

- Individual Deductible: \$3,200 to \$3,300



Use this guide as a tool to help you make the best benefits decisions for you and your family. The information inside this guide can help you review your health coverage options, discover tax savings opportunities, and learn about voluntary benefits offerings.

ELIGIBILITY

Employee Eligibility

You are eligible to enroll in benefits if you are a regular, full-time employee working a minimum of 30 hours per week.

If you are a new hire, you have 30 days from your date of hire to enroll in benefits. Benefits begin on the first of the month following your hire date. If hired on the first of the month, coverage is effective the same day.

Dependent Eligibility

Your eligible dependents can also be enrolled in certain benefits.

Eligible dependents include:

- Legal spouse or registered domestic partner (DP).
- Children up to age 26, including natural children, stepchildren, legally adopted children, children for whom you are the legal guardian, foster children, and children for whom you are legally responsible to provide health coverage under a Qualified Medical Child Support Order (QMCSO).
- Disabled children over age 26 if unmarried, incapable of self-support, dependent on you for primary support, and the disability occurred before the age of 26.

You may be required to provide supporting documentation, such as a marriage certificate or birth certificate to verify dependent eligibility.



ENROLLMENT

The choices you make at this time will remain in place through 10/31/2026.

Open Enrollment is your only opportunity to add, change, or delete coverage for you and your dependents. The only other time you may do so during the year is if you experience a qualifying life event.

You can only sign up for benefits or change your benefits at the following times:

- Within 30 days of date of hire.
- During the annual benefits open enrollment period.
- Within 30 days of a qualifying life event.

CHANGING YOUR BENEFITS

If you experience a qualifying event, you can make mid-year changes to your benefit elections.

Changes must be made within 30 days of the event date.

Examples include, but are not limited to, the following:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in eligibility or employment status
- Loss of other health coverage

You must notify Human Resources within 30 days of the qualifying event to make changes to your coverage. You will need to provide documentation of the event, such as a marriage license, divorce decree, or birth certificate. Benefit changes must be consistent with the qualifying event.

Enroll Online at ADP Self-Service Or On Your Mobile Device

- Review this guide and other enrollment materials to learn about your benefits.
- Gather important information for your eligible dependents (Social Security Numbers and birth dates, etc.)
- Go to <https://workforcenow.adp.com> and login.
- Open Enrollment Wizard will prompt you to enroll or waive benefit coverage.

You may also ENROLL VIA THE MOBILE APP:

- Download the “ADP Mobile Solutions” app.
- Login and the Open Enrollment Wizard will prompt you to enroll or waive benefit coverage.

Note: Even if you are waiving coverage, log in to ADP and provide the reason for your waiver.

Please see your Human Resources Team if you have any questions.

Qualifying Events

If you experience a qualifying event, you can make mid-year changes to your benefit elections. Changes must be made within 30 days of the event date.

Examples include, but are not limited to, the following:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in eligibility or employment status
- Loss of other health coverage

It is your responsibility to notify Human Resources within 30 days of the event to make changes to your coverage. You will need to provide documentation of the event, such as a marriage license, divorce decree, or birth certificate, and benefit changes must be consistent with the qualifying event.

MEDICAL

We value your and your family's health and well-being. That's why we offer comprehensive medical coverage to provide all the benefits and resources you need to support your health throughout the year.

To better understand the options available to you, please review the following summary of the medical plans.

You have a choice of the following plan options:

- HMO
- PPO
- EPO
- High Deductible Health Plan (HDHP)

The HDHP is paired with a Health Savings Account (HSA). To learn more about the HSA, turn to page 21.

Anthem, Kaiser, and MediExcel

Anthem

Phone: PPO/EPO: 800-888-8288

HDHP: 844-860-3535

Website: www.anthem.com

Kaiser Permanente

Phone: 800-464-4000

Website: www.kp.org

MediExcel - Facilities South Only

Phone: 619-365-4346 (US)

Website: www.mediexcel.com

Selecting a Plan That's Right for You

Choosing the right medical plan takes careful consideration. Before making your decision, be sure to look closely at these factors:

- **Choice:** Some plans offer greater provider and facility networks than others. If you prefer to seek services both in and out of the network, choose a plan that offers higher levels of coverage and gives you the flexibility to select your provider.
- **Coverage:** Whether routine, surgical, prescription or another type of coverage, determine if the plan covers the services and medical treatments you value most.
- **Cost:** Each plan contains a variety of cost components. Consider the amount of your payroll deduction, as well as other plan expenses such as deductibles, copayments or coinsurance.



Terms You Should Know

Copay



A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.

Coinsurance



After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.

Deductible



The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.

Out-of-Pocket Maximum



Includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services for the rest of the year.

MEDICAL

Anthem EPO

The Anthem EPO plan offers in-network benefits only, but provides you the freedom to choose any in-network provider. Services from out-of-network providers, except for emergencies, are not covered.

	Anthem EPO
	In Network Only
Calendar Year Deductible	
Individual	\$1,500
Family	\$3,000
Calendar Year Out-of-Pocket Maximum (includes deductible)	
Individual	\$4,000
Family	\$8,000
Covered Services	You Pay
Preventive Care	No charge (deductible waived)
Primary Care Physician	\$40 copay
Specialist	\$40 copay
Diagnostic Lab/X-Ray	\$40 copay
Complex Diagnostic (MRI, CT, PET)	30%*
Inpatient Hospital	30%*
Outpatient Surgery	30%*
Urgent Care	\$45 copay
Emergency Room	30%*
Prescription Drugs — Retail (up to 30-day supply)	
Generic	\$10 copay
Brand Name	\$30 copay
Non-Formulary	\$30 copay
Specialty	\$30 copay
Mail Order (up to 90-day supply)	2x retail copay
* After deductible	



Formulary

A list of preferred drugs chosen by a panel of doctors and pharmacists. Both brand and generic medications are included on the formulary.



Preventive Medications

Certain preventive medications are covered 100% under the medical plan. Visit the specific carrier website for a list of covered medications.



Mail Order

Get up to a 90-day supply of your prescription delivered to your home address.

MEDICAL

Anthem PPO

The Anthem PPO plan offers in- and out-of-network benefits, providing you the freedom to choose any provider.

	Anthem PPO	
	In Network	Out of Network
Calendar Year Deductible		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Calendar Year Out-of-Pocket Maximum (includes deductible)		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
Covered Services	You Pay	You Pay
Preventive Care	Plan pays 100%	50%*
Primary Care Physician	\$30 copay	50%*
Specialist	\$50 copay	50%*
Diagnostic Lab/X-Ray	\$30 copay	50%*
Complex Diagnostic (MRI, CT, PET)	20%	50%*
Inpatient Hospital	20%*	50%*
Outpatient Surgery	20%*	50%*
Urgent Care	\$50 copay per visit	50%*
Emergency Room	\$200 copay per visit (copay waived if admitted)	
Prescription Drugs — Retail (up to 30-day supply)		
Generic	\$10 copay	N/A
Brand Name	\$40 copay	N/A
Non-Formulary	\$60 copay	N/A
Specialty	20% coinsurance up to \$250 per Rx	N/A
Mail Order (up to 90-day supply)	\$60 copay	N/A
* After deductible		

MEDICAL

Anthem High Deductible Health Plan (HDHP)

The high deductible health plan (HDHP) gives you the option to fund a health savings account (HSA) which allows you to save and pay for qualified health care expenses. See page 21 for more information on the HSA.

	Anthem HSA HDHP	
	In Network	Out of Network
Calendar Year Deductible		
Individual	\$3,300	\$6,000
Family	\$6,000	\$12,000
Calendar Year Out-of-Pocket Maximum (includes deductible)		
Individual	\$6,000	\$12,000
Family	\$12,000	\$24,000
Covered Services	You Pay	You Pay
Preventive Care	Plan pays 100%	50%*
Primary Care Physician	20%*	50%*
Specialist	20%	50%
Telemedicine	20%	50%*
Diagnostic Lab/X-Ray	20%*	50%*
Complex Diagnostic (MRI, CT, PET)	20%*	50%*
Inpatient Hospital	20%*	50%*
Outpatient Surgery	20%*	50%*
Urgent Care	20%*	50%*
Emergency Room	20%*	
Prescription Drugs — Retail (up to 30-day supply)		
Generic	\$10 copay*	N/A
Brand Name	\$40 copay*	N/A
Non-Formulary	\$60 copay*	N/A
Specialty	20% coinsurance after deductible is met	N/A
Mail Order (up to 90-day supply)	2x retail copay	N/A

* After deductible

FIND A DOCTOR ONLINE (ANTHEM)

1. Go to <http://anthem.com>
2. Click the “Find Care” button in the upper right corner of the page
3. Login, enter your member ID number, or click “Select a plan for basic search” to search without your medical number
4. Under “Select the type of plan or network” choose “Medical Plan”
5. Under “Select the state where the plan or network is offered” select California
6. Under “Select the state where the plan or network is offered” choose “Medical (Employer-Sponsored)”
7. Under “Select a plan/network,” choose “Blue Cross PPO (Prudent Buyer) - Large Group” employees. For Employees living outside of CA, choose “National PPO/BlueCard PPO”
8. Click Continue
9. Enter your additional search criteria
10. Click Search

Meet Sydney

Anthem’s Sydney Health app is designed for you. It’s simple, smart, and loaded with personalized information about your Anthem benefits. Sydney acts like a personal health assistant, answering your questions and connecting you to resources that help you understand your benefits, improve your health, track your fitness and save money.

So, download Sydney today on Google Play or the Apple App Store, and make your healthcare that much easier to navigate!



SAVE TIME AND MONEY ON PRESCRIPTIONS WITH HOME DELIVERY

Getting your prescription drugs doesn't have to be a drag. We help make it easier and more convenient for you to get the medicines you need.

Home Delivery: Skip the drugstore line

If you take prescription medicines on a regular basis, you can get up to a 90-day supply delivered to your home.¹ And depending on your plan, you may save on copays. That's because a 90-day supply of many drugs usually costs less than three 30-day refills.

Missing even one dose of a medicine that treats long-term conditions like high blood pressure or diabetes may lead to serious health problems and higher health care costs. That's why home delivery is a great way to make sure you get your prescription refills when you need them.

Standard shipping is free, and you can set up automatic renewals to get your next three-month supply sent to you before the refill date.

Need help?

Call the home delivery pharmacy at 833-203-1739 or call the Pharmacy Member Services phone number on the back of your health plan ID card.

How To Get Started With Home Delivery

Getting set up for home delivery is easy. Just call the Pharmacy Member Services phone number on the back of your health plan ID card. You can also mail in your order with our order form found on [anthem.com/ca](https://www.anthem.com/ca). Choose Individual & Family, then Forms.

You may want to ask your doctor for a 30-day prescription, which you can get filled at your regular pharmacy, to make sure you have enough medicine to last until you get your first home delivery prescription.

Here Are A Few More Important Things To Know

- Using our mobile app, Sydney Health, or [anthem.com/ca](https://www.anthem.com/ca) to switch to home delivery is only available if your Anthem pharmacy plan benefits include mandatory home delivery, opt-out home delivery or Rx Maintenance 90. If you have optional home delivery, call the **Pharmacy Member Services** phone number on the back of your health plan ID card, or complete and mail the Home Delivery Order Form to transfer your prescriptions from your retail pharmacy to home-delivery.
- If your doctor prescribes a brand-name drug, your pharmacy plan may require the home delivery pharmacy to send a generic version instead.
- All prescriptions and refills, including those sent by your doctor, will be filled as soon as the home delivery pharmacy gets them. In most cases, your first order will arrive within two weeks. After that, orders will arrive within one week.
- If you need your medicine sooner, you can call the home delivery pharmacy and ask for overnight delivery. You'll be charged extra for the faster shipping.
- With some drugs, you may need to sign to accept delivery.²

ADDITIONAL BENEFITS

GoodRx makes it easy to find the lowest price on your prescriptions. Best of all, it's free! With GoodRx, you can instantly compare local pharmacy prices for any FDA-approved prescription drug. In under 15 seconds you'll know where to go for the lowest price.

Visit www.goodrx.com to:

- **Find discount coupons** - Save up to 80% or more on cash prices at over 60,000 U.S. pharmacies.
- **Reduce your out-of-pocket costs** - Prices are often lower than insurance co-pays — great for those with high deductibles.
- **Pay no fees** - GoodRx is 100% free with no obligation or registration.



Put GoodRx In The Palm Of Your Hand

Download the award winning GoodRx mobile app and instantly compare and save up to 80% on your prescriptions at over 60,000 U.S. pharmacies!



KAISER HEALTH MAINTENANCE ORGANIZATION (HMO)

An HMO requires you to receive care from doctors or facilities that are in a specific network as well as select a primary care physician (PCP) to oversee your care. You must receive all of your non-emergency care within the HMO network - and under your PCP's direction - or the plan will not pay benefits.

	Kaiser Low HRA	Kaiser Mid HRA	Kaiser High HMO
	In Network	In Network	In Network
Calendar Year Deductible			
Individual	\$4,000	\$3,000	None
Family	\$8,000	\$6,000	None
HRA Contribution Made By the Employer, Towards Calendar Year Deductible			
Individual	\$1,000	\$750	N/A
Family	\$2,000	\$1,500	N/A
Out-of-Pocket Maximum			
Individual	\$7,000	\$6,000	\$3,000
Family	\$14,000	\$12,000	\$6,000
Physician Medical Services			
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Physician	30%*	30%*	\$40 copay
Specialist	30%*	30%*	\$40 copay
Urgent Care	30%*	30%*	\$40 copay
Emergency Room	30%*	30%*	\$150 copay (waived if admitted)
Diagnostic Lab/X-Ray	30%*	30%*	\$10 per procedure
Complex Diagnostic (MRI, CT, PET)	30%*	30%*	\$50 per procedure
Hospital Services			
Semi-Private Room & Ancillary Services	30%*	30%*	\$500 per day
Diagnostic X-Ray & Lab (Hospital)	30%*	30%*	\$10 copay
Outpatient Surgery			
Outpatient Care & Surgical Services/Supplies	30%*	30%*	\$250 copay
Prescription Drugs — Retail Rx (Up to 100-Day Supply) for Low and Mid Plan Retail Rx (Up to 30-Day Supply) for High HMO Plan			
Generic	30% Coinsurance (not to exceed \$50)	30% Coinsurance (not to exceed \$50)	\$10 copay
Brand Name	30% Coinsurance (not to exceed \$100)	30% Coinsurance (not to exceed \$100)	\$30 copay
Prescription Drugs — Mail Order Rx (100-Day Supply)			
Generic	30% Coinsurance (not to exceed \$50)	30% Coinsurance (not to exceed \$50)	\$20 copay
Brand Name	30% Coinsurance (not to exceed \$100)	30% Coinsurance (not to exceed \$100)	\$60 copay

* After deductible

How to Find a Kaiser Medical Provider

- Go to www.kp.org
- Under Region, choose either:
 - California - Northern
 - California - Southern
- Choose Doctors & Locations
- Enter your zip code and click on “Search”

Health Reimbursement Account (HRA)

Employees enrolled in the Kaiser Low or Mid HRAs are eligible for a Deductible Only Health Reimbursement Account (HRA). The HRA is a personal health care account that you can use to pay for qualified medical expenses that are subject to the deductible. The HRA may not be used for copays or pharmacy expenses. If you are enrolled in the Low HRA plan, GHC will deposit \$1,000 for EE Only tier or \$2,000 for all other tiers in your HRA account.” If you are enrolled in the Mid HRA plan, GHC will deposit \$750 for EE Only tier or \$1,500 for all other tiers in your HRA account. These amounts will be prorated for New Hires. Unused balances will be forfeited.

KAISER SUPPORTING YOUR HEALTH

Get Wellness Support

Take advantage of these extra perks — from personal health coaching to reduced rates on alternative medical therapies.

Sign up for healthy lifestyle programs

With our online wellness programs, you'll get advice, encouragement, and tools to help you create positive changes in your life. Our complimentary programs can help you:

- Lose weight
- Eat healthier
- Quit smoking
- Reduce stress
- Manage ongoing conditions like diabetes or depression

Start with a Total Health Assessment, a simple online survey to give you a complete look at your health. You can also share and discuss the results with your doctor.

kp.org/healthylifestyles

kp.org/vidasana (en español)

Get a wellness coach

If you need a little extra support, we offer Wellness Coaching by Phone at no cost. You'll work one-on-one with your personal coach to make a plan to help you reach your health goals.

kp.org/wellnesscoach



Join health classes

With all kinds of health classes and support groups offered at our facilities, there's something for everyone. Classes vary at each location, and some may require a fee.

kp.org/classes

kp.org/classes (en español)

Enjoy reduced rates

Get reduced rates on a variety of health-related products and services through The ChooseHealthy® program.

These include:

- Active&Fit Direct — members pay \$25 per month (plus a one-time \$25 enrollment fee) for access to a national network of more than 10,000 fitness centers
- Up to 25% off a contracted provider's regular rates for:
 - Acupuncture
 - Chiropractic care
 - Massage therapy

kp.org/choosehealthy

Colorado state law requires that an access plan be available that describes Kaiser Foundation Health Plan of Colorado's network of provider services. To obtain a copy, please call Member Services or visit kp.org.

Services covered under your health plan are provided and/or arranged by Kaiser Permanente health plans: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Self-insured plans are administered by Kaiser Permanente Insurance Company, One Kaiser Plaza, Oakland, CA 94612



LEARN MORE ABOUT YOUR HEALTH

More information is just a click away. Use these interactive tools and reference guides to find answers to your health questions and help you make decisions about your care.

Drug encyclopedia	Look up detailed descriptions of thousands of drugs, including possible side effects. kp.org/medications kp.org/medicamentos (en español)
Health encyclopedia	Explore more than 40,000 pages of in-depth information on health conditions, related symptoms, and treatment options. kp.org/health kp.org/salud (en español)
Health guides	Stay informed on popular health subjects or discover something new through our healthy living guides, available in English and Spanish. kp.org/livehealthy kp.org/vidasaludable (en español)
Interactive tools and calculators	Take an interactive quiz or enter your information into one of our calculators to learn more about your health. kp.org/calculators
Medical test directory	Learn more about your options for common tests and procedures, along with their risks and benefits. kp.org/healthdecisions
Natural Medicines Comprehensive Database®	Find answers to your questions about dietary supplements, vitamins, minerals, and other natural products. kp.org/naturalmedicines kp.org/medicinasnaturales (en español)
Recipes	Get inspired to prepare delicious, healthy dishes. Browse recipes by category — Recipes like vegetarian dishes, soups, or desserts — or by what's in season. kp.org/foodforhealth
Symptom checker	Use our interactive visual aid to gauge your symptoms. Click on the body part that's troubling you and learn what to do next. kp.org/symptoms kp.org/sintomas (en español)
Videos and podcasts	Look, listen, and learn about your health and well-being. Watch videos or download health-related, guided meditation podcasts. kp.org/video kp.org/audio

MEDIEXCEL

MediExcel Value Plan 20	
In-Network (Member Responsibility)	
Calendar Year Deductible	
Individual	None
Family	None
Out-of-Pocket Maximum	
Individual	\$4,500
Family	\$9,000
Physician Medical Services	
Preventive Care	No charge
Primary Care Physician	\$20 copay
Specialist	\$20 copay
Urgent Care	Mexico: \$25 copay Outside of Mexico: \$50 copay
Emergency Room	20% coinsurance, up to \$250
General Medical Services	
Diagnostic X-Ray & Lab (Non-Hospital)	\$5 per visit
Complex Imaging (MRI/CT/PET scans)	\$30 per visit
Hospital Services	
Semi-Private Room & Ancillary Services	\$150 per day, 5 days max
Diagnostic X-Ray & Lab (Hospital)	No charge
Outpatient Surgery	
Outpatient Care & Surgical Services/ Supplies	20% + \$100 copay
Prescription Drug Coverage	
Retail Rx (up to 30-day supply)	
Generic	\$20 copay
Brand Name	\$20 copay
Non-Formulary	\$30 copay
Specialty Drugs	30% up to \$250

PREVENTIVE CARE

Getting a regular preventive exam can help you stay healthy, catch issues early, and even save your life.

Best of all, in-network preventive care is covered at no cost to you when you enroll in a medical plan.



Identify health issues before they become a problem.

Catching issues early can mean care is more manageable, cost-efficient, and potentially more effective.



Improve your long-term health.




A preventive exam can help your doctor manage any chronic conditions and pinpoint ways to improve your overall wellbeing.



Keep your health on track.

Check with your doctor about specific exams, vaccinations, and screenings that are right for your age and gender.

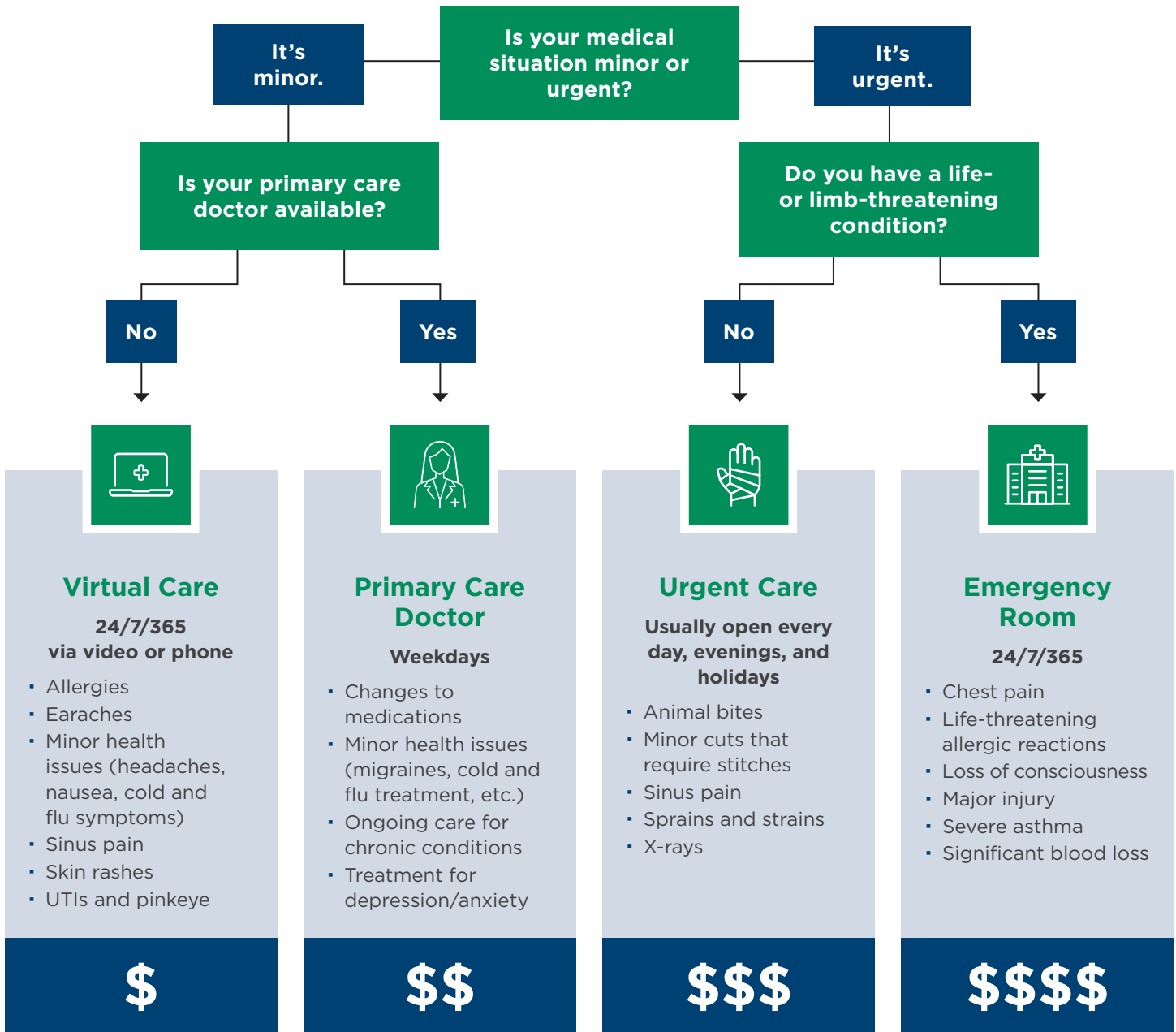
Covered Preventive Services

 <h3>Health Screenings</h3>	 <h3>Routine Vaccines</h3>	 <h3>Well Exams</h3> <p>(Baby, child, person, and woman)</p>
<ul style="list-style-type: none"> • Blood glucose and type 2 diabetes • Cardiovascular or colorectal cancer • Mammogram • Cervical cancer and HPV • Cholesterol and lipid disorders • Colon, prostate, and lung cancer • STI and STDs • Hepatitis B and C 	<ul style="list-style-type: none"> • DTaP, Tdap, Td • Haemophilus influenzae type b conjugate (Hib) • Hepatitis A and B • Human papillomavirus (HPV) • Influenza vaccine • Measles, mumps, and rubella (MMR) • Meningococcal (meningitis) and pneumococcal (pneumonia) • Poliovirus (IPV), Rotavirus (RV), Varicella (chickenpox), and shingles 	<ul style="list-style-type: none"> • Height, weight, and head circumference • Psychosocial and behavioral assessment • BMI and blood pressure • History and risk reduction

Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design. Learn more about preventive care at www.anthem.com or www.kp.org.

KNOW WHERE TO GO FOR CARE

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider.



Find a Network Provider

Finding an in-network provider near you is easy. You can also download the Anthem or Kaiser Permanente mobile app for on-the-go access.

Anthem Medical:
L03660

PPO/EPO:
800-888-8288

HDHP:
844-860-3535

www.anthem.com

Kaiser Permanente Medical

Northern CA: 1138
Southern CA: 120319

800-464-4000

www.kp.org

TELEMEDICINE

Anthem - LiveHealth | www.LiveHealthOnline.com

Get cost-effective, convenient care when you don't feel well and are unable to see your primary care provider (PCP).

Virtual care brings the doctor to you — including on nights, weekends, and holidays.

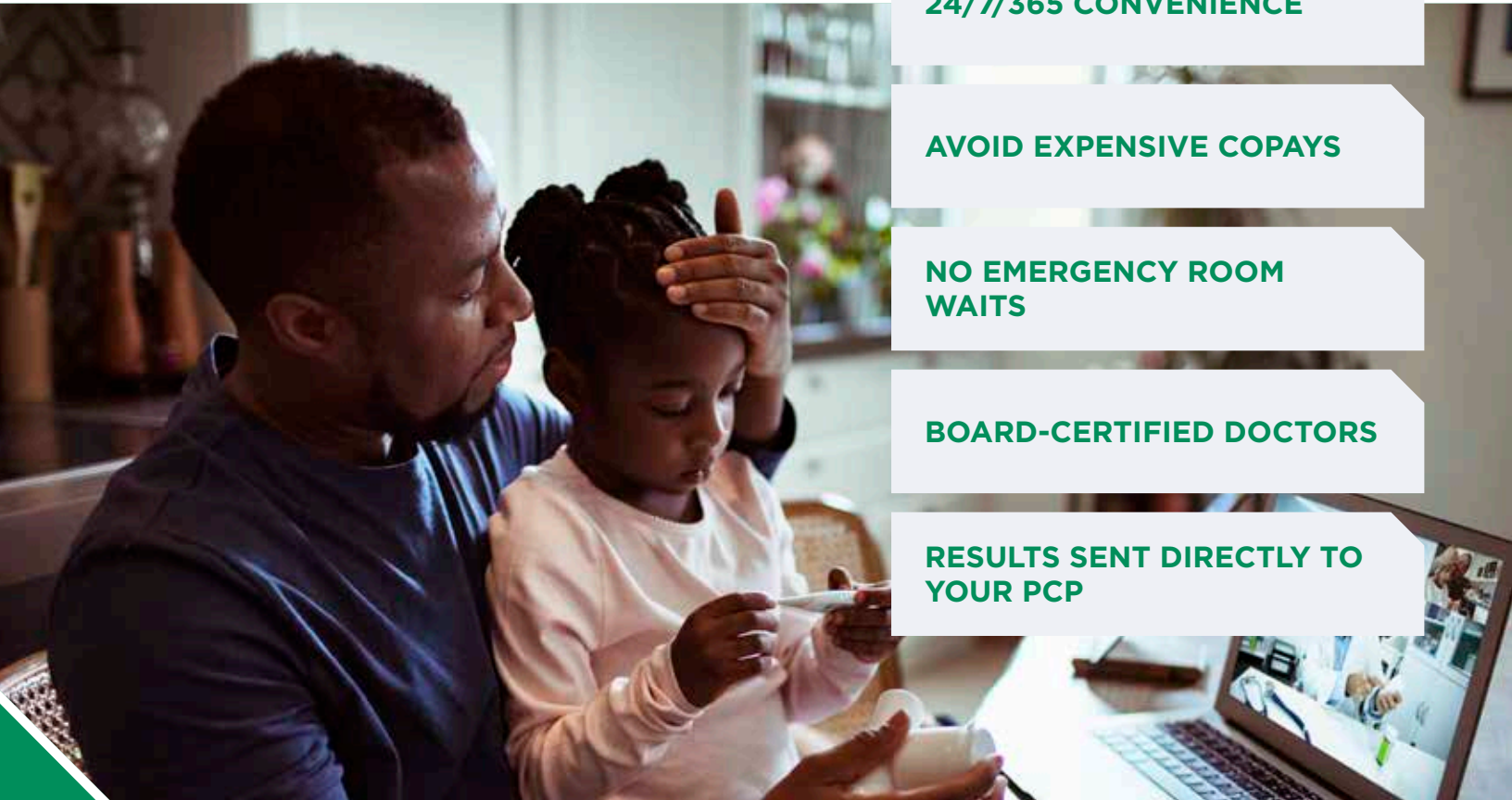
24/7/365 CONVENIENCE

AVOID EXPENSIVE COPAYS

NO EMERGENCY ROOM WAITS

BOARD-CERTIFIED DOCTORS

RESULTS SENT DIRECTLY TO YOUR PCP



Common Health Issues Virtual Care Can Treat

Doctors can diagnose many health issues like cold and flu symptoms, allergies, rash, skin problems, and much more! Prescriptions and follow-up care can be ordered, if necessary.

Pain Management

- Abdominal pain/cramps
- Animal/insect bites
- Backache
- Dizziness
- Headaches/migraines
- Rash (poison ivy/oak)
- Sprains/muscle strains

Common Illnesses

- Bronchitis
- Cold and flu symptoms
- Eye infection
- Laryngitis
- Respiratory infection
- Sore throat
- Strep

Ongoing Care

- Allergies
- Asthma
- Blood pressure issues
- Sinusitis



ANTHEM – LIVEHEALTH

LiveHealth Online is a great option when your own doctor isn't available. It is also more convenient than a trip to an urgent care center. Sign up for free today. Here are a few of the benefits:

1. 24/7 access to board-certified physicians. Doctors on LiveHealth Online are mostly primary care physicians with an average of 15 years of practicing medicine.
2. LiveHealth Online is great for conditions such as the flu, sinus infections, pink eye, rashes, fever, and more.
3. No appointments or long waits! Most people are connected to a doctor in about 10 minutes or less.

Get Started

1. To start using LiveHealth Online, all you need to do is sign up at www.LiveHealthOnline.com or download the app.
2. Go to www.LiveHealthOnline.com and click the "Sign Up" link. Be sure to enter your Anthem insurance information since a LiveHealth Online visit is a covered benefit.
3. Answer a brief set of questions to create your profile. This health summary is confidentially stored in your account and is available for future visits. Choose a secure password.
4. Once you are ready, choose a physician and start your consultation.
5. You can log back in to LiveHealth Online anytime to review your online visit once your conversation is complete.

Other Livehealth Online Enhancements

We've enhanced our LiveHealth Online to include many other great services, including:

1. Medical for kids
2. Allergy care
3. Psychology and psychiatry
4. Spanish healthcare

Livehealth Online Psychology

If you're feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist or therapist through video with LiveHealth Online Psychology. All you have to do is sign up at www.LiveHealthOnline.com or download the app to get started. The cost is similar to what you'd pay for an office therapy visit.

You can get help for these types of conditions:

- Stress
- Anxiety
- Depression
- Family or relationship issues
- Grief
- Panic attacks
- Stress from coping with a sickness

KAISER - TELEMEDICINE

Kaiser Permanente | kp.org/getcare

Get quality care whenever you need it.

With Kaiser Permanente, you have many options available to get the world-class care you depend on for all your health needs – day or night. Here's How:

Convenient Ways To Get Care



Phone Visit

Talk with a clinician over the phone for the same high-quality care as an in-person visit. 1,2 Schedule an appointment or get fast, personalized support 24/7.



Video visit

Meet face-to-face with a clinician by video from your smartphone, tablet, or computer. Appointments are optional.



24/7 care advice

Talk with a Kaiser Permanente clinician anytime day or night for advice.



E-visit

Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente clinician.



Email

Message your doctor's office with nonurgent health questions anytime through your kp.org account.



Mail-order pharmacy

Get prescriptions sent straight to your door with our mail-order delivery service.

Making An Appointment Is Easy

Go online:

To choose the kind of care you need, visit kp.org/getcare or sign in to the Kaiser Permanente app — and avoid hold times on the phone. For Colorado or Washington members, chat online with a doctor through your kp.org account.

Call us 24/7:

Find your location information below.

California

- Northern California: 866-454-8855
- Southern California: 833-574-2273



Maximize Your HSA Benefits With the Triple-Tax Advantage



Spend

Spend pre-tax HSA funds to pay for eligible expenses such as annual deductibles, dental and vision exams, prescriptions, or other health care costs for yourself or your eligible dependents.



Save

Save and roll funds over year-to-year to boost your long-term savings. Even if you switch medical plans, leave the company, or retire, you own the account and the money is yours to keep.



Invest

Invest and grow HSA funds tax-free, including interest and earnings, to use for future health care costs. After age 65, spend HSA dollars on any expense penalty free.

HEALTH SAVINGS ACCOUNT

HSA Bank | <https://myaccounts.hsabank.com/Login>
800-357-6246

If you enroll in the high deductible health plan (HDHP) you may be eligible to open a health savings account (HSA).

How an HSA Works

Contributions

You can only contribute up to the IRS annual maximums including the Generations Healthcare contribution:

- **Individual:** \$4,300
- **Family:** \$8,550
- **Age 55+ (Individual):** \$5,300
- **Age 55+ (Family):** \$10,550

Things You Should Know

Expenses and Penalties

- An HSA is a savings account that you can use to pay for eligible health care expenses with pre-tax dollars or invest for the future.
- If you use your funds for ineligible expenses, you will be subject to penalties and taxes.
- After age 65, you can spend HSA funds on any expense penalty free.

Eligibility

You are eligible to fund an HSA if:

- You are enrolled in the HDHP and have no other health coverage.
- You (or your covered spouse) do not fund a health care flexible spending account.
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life.
- You are not claimed as a dependent on someone else's tax return.

Refer to **IRS Publication 969** for eligibility details.

HOW DOES THE HSA WORK WITH THE HDHP?

Keep more of your paycheck by using pre-tax FSA dollars to pay for eligible expenses.



You can use your **HSA dollars** to cover your deductible and coinsurance.

HEALTH SAVINGS ACCOUNT EXAMPLE

Maria Saves For Future Health Care Expenses Using a HSA

Maria enrolls herself in the HDHP with HSA. She chooses to use her HSA to pay for covered services as she works to meet the deductible.

HSA Contribution: \$3,850

- Maria elects to contribute \$3,350.

Annual Deductible: \$3,000

- Maria must meet the annual deductible before the plan begins to pay.

Eligible Medical and Prescription Expenses: \$1,650

- Maria uses \$1,650 of her HSA during the year to cover her health care costs.

Leftover Funds: \$2,200

- Maria has an account balance of \$2,200 to use for future health care expenses.

FLEXIBLE SPENDING ACCOUNTS

Igoe & Company | www.goigoe.com/flex
858-673-3670

Keep more of your paycheck by using pre-tax FSA dollars to pay for eligible expenses.

Health Care FSA (Not Allowed if You Fund an HSA)

Pay for eligible out-of-pocket medical, dental, vision, and prescription drug expenses with pre-tax dollars. For a full list of health care expenses, see **IRS Publication 502**.

- **Annual contribution limit:** \$3,300¹
- **Eligible expenses:** Copays, coinsurance, deductibles, prescription expenses

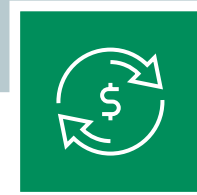
Dependent Care FSA

Pay for eligible day care expenses with pre-tax dollars. For a full list of dependent care expenses, see **IRS Publication 503**.

- **Annual contribution limit:** \$5,000¹ if married and filing a joint return or if filing a single or head of household return (\$2,500¹ if married and filing separate tax returns)
- **Eligible expenses:** Day care, after-school care, babysitting (work-related), nanny
- **Eligible dependents:** A spouse, or children under 13 years of age, a child over 13, or an elderly parent residing in your home who is physically or mentally unable to care for him or herself

FSA and Dependent Care Open Enrollment occurs in December and is effective January 1st. Requires 1 year of full-time service.

How Does an FSA Work?



Contribute

Decide how much to contribute to your FSA on an annual basis up to the allowable limits. This amount will be evenly divided by the number of pay periods and deducted from your paycheck on a pre-tax basis.



Pay

Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement online. Keep all receipts in case you are required to verify the eligibility of a purchase.



Use It or Lose It

You have until March 31, 2026 to use your health care FSA funds. Any leftover funds will be forfeited.

Dependent care FSA dollars do not carry over.

Deadline for Services: Any claims that were incurred during the plan year (January - December).

Deadline to Submit Claims for Reimbursement: March 31st.

HEALTHCUES

HealthCues is a preventive healthcare program, inspired to help you bridge a gap to wellness with a positive financial impact. You will have an increase in take home pay, if eligible for the program. There is no out of pocket cost to you for this benefit.

This does NOT replace your current medical plan, but provides you unlimited access to additional resources to living a healthier lifestyle.

Every employee will be **auto-enrolled** in this program and will receive benefits such as:

- Hospital Indemnity Plan
- 24/7 unlimited telehealth
- Health tracking software
- Wholistic coaching
- Access to licensed registered nurses
- Behavior counseling
- Prescription drug comparison
- Medical procedure pricing tool
- Option for Minimal Essential Coverage plan with three primary care visits

For more information, watch our short Introduction Video:

Questions? Call your HealthCues Benefits Team M - F 8am - 7pm CST at: 602-767-0900



	Without HealthCues	With HealthCues	Difference
Gross Income	\$1,200.00	\$1,200.00	0.00
HealthCues Pre-Tax Premium	\$0.00	\$553.85	\$553.85
Taxable Income	\$1,200.00	\$646.16	\$553.84
Tax Withholding	\$202.69	\$74.83	\$127.86
HealthCues Claim Payment	\$0.00	\$461.54	\$461.54
Net Take home Pay	\$997.31	\$1,032.87	\$35.55
Federal Withholding	\$78.42	\$16.35	\$62.07
Social Security	\$74.40	\$40.06	\$34.34
Medicare	\$17.40	\$9.37	\$8.03
State Withholding	\$18.07	\$1.30	\$16.77
SDI	\$14.40	\$7.75	\$6.65
Total Tax with Withholding	\$202.69	\$74.83	\$127.86
Increase in take home pay		Per Paycheck: \$35.55 Per Month: \$77.03 Per Year: \$924.30	

- Telemedicine
- Preventative Health Programs
- Limited Benefit Health Insurance

Claim payment for one monthly Preventive Healthcare Activity



SUPPLEMENTAL MEDICAL BENEFITS

Cigna | www.cigna.com/customer-forms | 800-754-3207

When an unexpected accident, illness, or hospitalization happens, make sure you're covered with supplemental medical benefits.

Accident Insurance

Accident insurance can help with expenses incurred due to an injury, ongoing living expenses, and more. Claims payments are made in flat amounts based on services incurred during an accident.

How Accident Insurance Works

While Rosie is playing field hockey, she hits her head and is knocked unconscious. She's taken to the ER.

Her accident insurance benefit will help cover:

- **Ambulance ride:** \$400
- **Emergency room treatment:** \$150
- **MRI:** \$50
- **Treatment for concussion:** \$150

Rosie's accident insurance coverage paid out flat amounts for covered expenses for a total of:

\$750

Critical Illness Insurance

If you are diagnosed with a critical illness, you may need additional financial support to help offset treatment costs and cover day-to-day expenses.

This plan pays a lump sum benefit that you can use as you see fit — to pay your mortgage, seek experimental treatment, or handle unexpected expenses.

- **Employee benefit:** \$10,000, \$15,000, or \$20,000; Guarantee issue: \$20,000
- **Spouse benefit:** 100%; Guarantee issue: \$20,000
- **Dependent children benefit:** 25% of employee's benefit election

How Critical Illness Insurance Works

Manny suffers a heart attack while mowing the lawn. Thankfully, he had enrolled in critical illness insurance coverage.

Manny receives a lump sum payment so he can pay for:

- Medical expenses incurred during and after his heart attack.
- Groceries and his mortgage while he takes time off work to recover.

Manny's critical illness coverage gives him peace of mind with a total payout of:

\$15,000

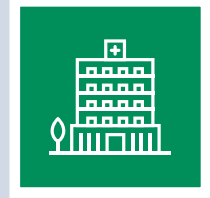


Additional Information

Health Screening benefit is also available! \$100 per covered person, per calendar year, for a health screening or diagnostic test.

To learn more, please see the schedule of benefits for a full list of covered illnesses and coverage costs.

SUPPLEMENTAL MEDICAL BENEFITS



Hospital Indemnity Insurance

This plan provides a lump-sum benefit due to a hospitalization. The hospital indemnity plan includes a hospital confinement benefit, critical care unit benefit, and hospital admission benefit.

Hospital Indemnity Example - Child Tonsillectomy

Julia's son needs a tonsillectomy, which requires a brief hospital stay. Because she has hospital indemnity insurance, she receives a payment to help subsidize her time away from work to care of her son and all the extra popsicles and ice cream he will need. Here's a look at the lump sum Julia will receive:

- Hospital Admission — \$1,000
- Daily Confinement - 2 days — \$200
- Total: \$1,200

Wellness benefit



Members receive a \$150 wellness benefit every year when they complete a health screening.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance.

- This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.
- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [healthcare.gov](https://www.healthcare.gov) or call 800-318-2596 (TTY: 855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

DENTAL

Guardian | www.guardianlife.com | 800-627-4200

Your dental coverage provides essential services to support your oral health.

Low or Mid Dental Plan

In-network coverage only. Preventive care is 100% covered, and you will be responsible for copays based on the service.



High Dental Plan

In- and out-of-network coverage. Out-of-network services use reasonable and customary charges. You will pay the cost difference.

	Low Dental Plan	Mid Dental Plan	High Dental Plan	
	In Network	In Network	In Network	Out of Network
Calendar Year Deductible				
Individual/Family	None	None	None	
Calendar Year Plan Maximum				
Per Individual	\$1,000	\$1,000	\$1,000	\$1,000
Orthodontic Lifetime Max Benefit	N/A	\$1,500 per person	\$2,000 per person	\$2,000 per person
Eligible for Orthodontic Benefit	N/A	Child & Adult	Child & Adult	
Covered Services		You Pay		
Preventive Care (Oral Exams, X-rays, Cleanings, Fluoride, Space Maintainers, Sealants)		Plan pays 100%		
Basic Services (Oral Surgery, Fillings, Endodontic Treatment, Periodontic Treatment, Repairs of Dentures and Crowns)		20%	Plan pays 100%	Plan pays 100%
Major Services (Crowns, Jackets, Dentures, Bridge Implants)		30%	No Charge	30%
Orthodontia Services		N/A	Child & Adult	Child & Adult
Orthodontia Lifetime Plan Maximum (Per Individual)		N/A	\$1,500	\$2,000



Reasonable and Customary (R&C)

The amount a health plan determines is the normal or acceptable cost range for a specific service or procedure.

VISION

Vision Service Plan (VSP) Choice Network
www.vsp.com | 800-877-7195

Vision care is essential to your overall health — completing a regular eye exam can help your eye doctor detect more than 200 major diseases.

In- and out-of-network benefits provide you the freedom to choose any provider. To maximize your vision benefits, be sure use in-network services and supplies.



	VSP Choice Base Plan		VSP Choice Buy-Up Plan	
	In Network	Out of Network	In Network	Out of Network
Exam (Once every 12 months)				
Eye Exam	\$10 copay	Up to \$45	\$10 copay	Up to \$45
Lenses (Once every 12 months)				
Single	\$30 copay	Up to \$30	\$15 copay	Up to \$30
Bifocals	\$30 copay	Up to \$50	\$15 copay	Up to \$50
Trifocals	\$30 copay	Up to \$65	\$15 copay	Up to \$65
Standard Progressive	\$0 copay	Up to \$50	\$0 copay	Up to \$50
Frames	(Once every 24 months)		(Once every 12 months)	
Standard Plastic Frames	\$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Walmart®, Sam's Club® and Costco® frame allowance	Up to \$70	\$180 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% savings on the amount over your allowance \$100 Walmart®, Sam's Club® and Costco® frame allowance	Up to \$70
LightCare	Covered			
Contact Lenses — in lieu of frames & lenses				
Elective	\$60 copay; up to \$150 allowance	Up to \$105	\$180 allowance for lenses and exam	Up to \$105
Medically Necessary	\$60 copay; covered in full	Up to \$210	Covered in full with pre-approval from VSP	Up to \$210

*VSP does not send out ID cards. To access services, provide your social security number to your vision provider.

¹When covered in full services are obtained from a participating provider, the patient will have no out-of-pocket expense other than any applicable copays.

² Refer to your plan summary for additional plan discounts

LightCare

Visit a VSP network doctor and choose either prescription eyewear coverage, or use your frame and lens allowance toward ready-to-wear:

- non-prescription sunglasses or
- non-prescription blue light filtering glasses



Other EAP Services You Should Know

You can use your EAP for:


- Finding a reputable pet sitter.
- Hiring an in-home health aide.
- Accessing pre-screened contractors and plumbers.
- Vetting summer or day camps for your kids.
- Locating emergency shelters or relocation services.
- Reviewing debt consolidation, mortgages, or budgeting with a financial counselor.

EMPLOYEE ASSISTANCE PROGRAM


Mutual of Omaha | mutualofomaha.com/eap | 800-316-2796

The employee assistance program (EAP) provides 24/7 confidential support to guide you and your family members through any issue – from the mundane to the more serious.

Experienced representatives can help you in every area of life:




Financial solutions




Alcohol and drug issues




Stress, anxiety, depression, and grief




Legal questions or concerns



Behavioral, emotional, and psychological distress



Personal development and life improvement



Child care and elder care options



Access your EAP 24/7 by calling 800-316-2796 or visiting mutualofomaha.com.

TRAVEL ASSISTANCE

Mutual of Omaha | mutualofomaha.com/eap | 800-316-2796

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

Pre-Trip Assistance

Minimize travel hassles by calling Mutual of Omaha predeparture for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

Immediate Attention For Emergencies While Traveling

While traveling more than 100 miles from home you may access Travel Assistance services 24/7 by calling the toll-free number for immediate help from a travel assistance professional.

Medical Assistance

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

Emergency Travel Support Services

- **Telephonic translation and interpreter services** – 24/7 access to telephone translation services
- **Locating legal services** – referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- **Baggage** – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- **Emergency payment and cash** – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- **Emergency messages** – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- **Document replacement** – coordination of credit card, airline ticket or other documentation replacement
- **Vehicle return** – if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company

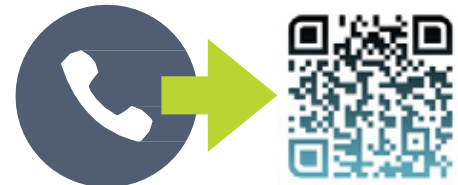
TRANSITIONS BENEFIT GROUP

How we assist you and your loved ones



800-936-1405

www.transitionsrbg.com



Scan to schedule an appointment

● Are you ready for tomorrow?

Our team of advisers is here to help you understand what options are available now to help you be prepared for tomorrow. Financial protection, continuity of benefits, and understanding your needs. We will help with a variety of options to support your individual and family needs best.

● Caregiver Support

Do you have a loved one that needs additional assistance in Medicare, VA Benefits, prescription drugs support, or more? Our services are offered to your friends and family!

● Medicare Coordination

As our clients become Medicare eligible regardless of just age, there are questions that need to be answered and coordination of benefits that need to be addressed. Our team is here to help you time your Medicare enrollment and assist with plan selections.

● Social Security Planning

One of our most asked questions is when should I draw social security? We help our clients understand the timing, implications, and outcomes based on their individual needs.

● Life Stage Planning

Each stage of life creates new demands on our families and finances. From Generation Z to Traditionalists, we have resources to assist with needs planning.

● Educational Support

Our demand educational resources range from webinars to FAQs. Through our team you will be able to find the answers, forms, resources, and more to help get you where you need to go!

● COBRA Coordination & Options

This is more than just leaving the employer plan, this includes helping your college aged children who need to transition to their own insurance policy or even helping a divorcing spouse figure out their insurance options. This offers both a pre and post age 65 review of coverage options.

RETIREMENT PLAN

Empower Fiduciary Consulting Group | www.empowerretirement.com | 888-411-4015, 877-324-1650

Saving for your future is a vital part of your financial planning.

The 401(k) retirement plan makes it easy for you to save money on a tax-deferred basis.

When you enroll in the plan, your personal account will be funded by:

- Your contributions (pre-tax and/or Roth).
- Employer matching contributions.
- Investment earnings on all contributions.

Investing in the Plan

Investments can be changed at any time. To learn more about your investment options, visit www.empower-retirement.com or speak with a financial planner.



Your Contributions

You may contribute up to 100% of your eligible salary on a pre-tax basis and/or Roth after-tax basis, up to the annual IRS limit (for 2026, \$24,500).

Things you should know about your 401(k) plan:

- If you are age 50 or older, you are eligible to contribute an additional catch-up contribution up to the IRS limits (\$7,500).
- Your contributions are made through convenient payroll deductions.
- You can change or stop your contributions at any time.

Investment Choices

The 401(k) plan offers a number of different investment choices, which allows you to choose the best strategy for your retirement goals. Below you will find a partial list of fund companies:

- American Funds
- BlackRock
- Dimensional Fund Advisors Ltd.
- Meeder Investment Management
- Prudential
- TIAA-CREF Financial Services
- Vanguard



Beneficiary Designation

The retirement plan requires you to name at least one beneficiary. You must provide a name and Social Security number for each beneficiary. Make sure to keep their information up to date.



LIFE AND AD&D INSURANCE

Mutual of Omaha | mutualofomaha.com/eap | 800-316-2796

Life and accidental death and dismemberment (AD&D) insurance protects you and your family in the event of an accident or death.

Voluntary Life Insurance

To better financially protect your dependents, you may want to purchase voluntary life coverage.

- You must purchase coverage for yourself in order to purchase coverage for your spouse and/or your children.
- Your cost is based on the amount you elect and your age. Payments are made through after-tax payroll deductions.
- To determine how much coverage you may need, consider costs such as funeral expenses, legal expenses, and living expenses for family members.

Coverage	Available benefit
Employee	<ul style="list-style-type: none"> ▪ Increments of \$10,000 up to 5x times your salary to a maximum of \$500,000 ▪ Guaranteed issue amount: \$200,000
Spouse	<ul style="list-style-type: none"> ▪ Increments of \$5,000 up to \$250,000 – not to exceed 100% of employee coverage ▪ Guaranteed issue amount: \$50,000
Dependent Child(ren)	<ul style="list-style-type: none"> ▪ Birth to 15 days – No coverage ▪ Up to 26 years of age – \$10,000 ▪ Guaranteed issue amount: \$10,000

Things You Should Know

Life and AD&D insurance provides many benefits, but there are a few points to keep in mind:

- **Imputed Income:** The value of your company-provided life insurance premiums over \$50,000 is considered taxable. Contact your tax professional for more information.
- **Age Reduction:** Benefit amounts reduce as you age.
- **Portability:** If you leave the company, you can convert your policy to an individual policy and continue your coverage.

Voluntary Employee Life Annual Benefit Amount Increase

If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to increase your coverage at your next enrollment by \$10,000, without a medical questionnaire, until you reach the guaranteed issue amount.



Guaranteed Issue

If you do not purchase voluntary life insurance when first eligible, or if you request an amount exceeding the guaranteed issue limits listed, you will be subject to medical underwriting and approval before your coverage begins.



DISABILITY INSURANCE

Mutual of Omaha | <https://www.mutualofomaha.com/support/forms> | 800-877-5176

Disability insurance replaces a portion of your income when you experience a qualifying disability and are unable to work.

Important: Disability benefits are reduced by other income you receive, such as Social Security, state disability benefits, pension benefits, and Workers' Compensation.

Voluntary Short-Term Disability

Short-Term Disability (STD) insurance provides a portion of your weekly income for a non-work-related short-term injury or illness. You may purchase Short-Term Disability coverage with after-tax dollars.

Coverage	STD Benefit
Weekly Benefit	<ul style="list-style-type: none"> 15% of weekly earnings for CA employees 60% of weekly earnings for Non-CA employees
Weekly Benefit Maximum	\$1,200 per week
Elimination Period	7 days
Benefit Duration	12 weeks

Voluntary Long-Term Disability

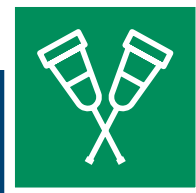
When your STD benefits end and you are still injured or ill and unable to work, LTD insurance takes over. You will receive a portion of your monthly income for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first. You may purchase LTD coverage with after-tax dollars.

Coverage	LTD Benefit
Monthly Benefit	60% of monthly earnings
Monthly Benefit Maximum	\$8,000 per month
Elimination Period	90 days
Benefit Duration	Social Security Normal Retirement Age



Elimination or Waiting Period

The amount of time you must wait before you are eligible to receive benefit payments.



Qualifying Disability

A sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training, or experience.



Benefit Duration

The maximum amount of time you may receive proceeds for a continuous disability.

IMPORTANT TERMS TO KNOW

As you review the information in this benefits guide, you might come across a word that is unfamiliar. Take a look at these terms to better understand your benefits.

Beneficiary: A person you designate to receive your financial benefits (i.e. life insurance, 401(k), HSA) in the event of your death.

Calendar Year Maximum: Total amount paid each year by your insurance company for each family member enrolled in the plan.

Claim: A request for payment that you or your health care provider submits to your health insurer after receiving a service or item.

Coinsurance: The percentage you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

Copay: The flat fee you pay toward the cost of covered medical services.

Deductible: The amount you are responsible for paying for covered health care services before the plan pays benefits. Under some plans, the deductible is waived for certain services.

Dental Preferred Provider Organization (PPO): A PPO plan gives you the freedom to choose any dentist, in or out of network and without a referral. This gives you the flexibility to visit dentists or specialists outside your network, but at a higher cost.

Evidence of Insurability (EOI): The process in which you provide required health documentation in order to receive certain levels of coverage.

Formulary: A list of preferred drugs chosen by a panel of doctors and pharmacists. Both brand and generic medications are included on the formulary.

Flexible Spending Accounts (FSAs): FSAs allow you to pay for eligible health care and dependent care expenses using tax-free dollars. The Health Care Account can be used to pay for services not covered by your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses, and eyeglasses. The Dependent Care Account is used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. The money in the account is subject to the “use it or lose it” rule which means you must spend the money in the account before the end of the plan year.

Health Savings Account (HSA): An HSA is a personal health care account for those enrolled in an HDHP. You may use your HSA to pay for qualified medical expenses such as doctor’s office visits, hospital care, prescription drugs, dental care, and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future. Your HSA can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP.

High Deductible Health Plan (HDHP): A qualified High Deductible Health Plan (HDHP) is defined by the Internal Revenue Service (IRS) as a plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually and are subject to change.

Guaranteed Issue: The amount of coverage pre-approved by the insurance carrier regardless of health status.

Network: A designated list of health care providers (doctors, dentists, etc.) with whom the health insurance provider has negotiated special rates. These contracted fees are usually lower than the provider’s normal fees for services.

Out-of-Pocket Maximum: The highest amount paid for covered services during a benefit period. Both the deductible and the coinsurance apply towards meeting the out-of-pocket maximum, but copayments may not apply.

Pre-Existing Condition: A health problem you had before the date that new health coverage starts.

Preauthorization: A decision by your health plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Preauthorization may be required for certain services before you receive them.

Premium: The amount you pay for a health plan in exchange for coverage.

Preventive Care: Routine health care that includes screenings, checkups, and patient counseling to prevent illnesses, disease, or other health problems.

Reasonable and Customary: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or procedure.

Vesting: The point at which benefits become owned by the employee.

IMPORTANT CONTACTS

If you have any questions regarding your benefits or the material contained in this guide, please contact Generations Healthcare Human Resources or the individual carriers listed below.

Coverage	Carrier/Provider	Policy Number	Phone	Email/Website
Medical EPO PPO HSA	Anthem	L03660	PPO/EPO: 800-888-8288 HDHP: 844-860-3535	www.anthem.com
Health Savings Account (HSA)	HSA Bank		800-357-6246	www.hsabank.com
Medical	Kaiser Permanente	Northern CA: 1138 Southern CA: 120319	800-464-4000	www.kp.org
	MediExcel		619-365-4346 (US) 619-365-4346 (MX)	www.mediexcel.com
Dental PPO Network = Mutually Preferred Network	Guardian	069198	800-627-4200	www.guardianlife.com
Voluntary Vision Choice Network	Vision Service Plan (VSP)	30010244	800-877-7195	www.vsp.com
Voluntary Benefits				
Accident Critical Illness Hospital Care	Cigna	A111264 C111215 HC110996	800-754-3207	www.cigna.com/customer-forms
Life and AD&D Insurance	Mutual of Omaha	G000BDXD	800-775-8805	www.mutualofomaha.com/support/forms Email: submitgrplife@mutualofomaha.com
Disability	Mutual of Omaha	G000BDXD	800-877-5176	www.mutualofomaha.com/support/forms Email: newdisabilityclaim@mutualofomaha.com
Employee Assistance Program	Mutual of Omaha		800-316-2796	mutualofomaha.com/eap
Section 125/Flexible Spending	Igoe & Company	Social Security Number	858-673-3670	www.goigoe.com/flex
401(k) Retirement Plan Investment Provider Plan Administrator	Empower Fiduciary Consulting Group	Social Security Number Plan #195022-01	888-411-4015 877-324-1650	www.empower-retirement.com
Medicare Options	Transitions RBG	Social Security Number	800-936-1405	www.transitionsrbg.com
HR Contacts				
Human Resources Director	Michelle Rubeshaw	714-241-5600 x4211		michellerubeshaw@lifegen.net
Benefits Administrator	Christina Linares	714-241-5600 x4216		ChristinaLinares@lifegen.net



This summary of benefits is not intended to be a complete description of the terms and Generations Healthcare insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Generations Healthcare maintains its benefit plans on an ongoing basis, Generations Healthcare reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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