



Summary of Employee Benefits

Sept 1st, 2022 to Aug 31st, 2023

At EHDD, we recognize that our employees are at the core of our success. We review our benefits annually to ensure that our benefit offerings continue to meet the needs of our employees. Benefit eligible employees have the opportunity to enroll in our benefit plans effective first of the month following date of hire or during our annual Open Enrollment. Please review the benefits highlighted in this booklet when making your benefits decisions.

Medical Insurance

EHDD offers two PPO plan options through UnitedHealthcare - PPO 500 and HSA 6000, two HMO plan options through Kaiser, two HMO plan options through Sutter Health Plus and one PPO through Kaiser Washington (Washington employees only)

With an HMO Plan, you must choose a Primary Care Physician (PCP) who coordinate all your care. With PPO Plan, you may choose to see doctors or other health professionals who participate in-network to keep your costs lower and eliminate paperwork. And, you also have the freedom to visit doctors or use hospitals that are not part of the network, but your costs will be higher and you may need to file a claim.

UHC Group # 01U6223
 Customer Service: 800-357-0978
www.myuhc.com



Plan Features	UnitedHealthcare PPO Gold \$500		UnitedHealthcare PPO Bronze HSA \$6,000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$500	\$1,000	\$6,000	\$12,000
Family Deductible	\$1,000	\$2,000	\$12,000	\$24,000
Individual Out-of-Pocket Max.	\$8,350	\$16,700	\$7,050	\$14,100
Family Out-of-Pocket Max.	\$16,700	\$33,400	\$14,100	\$28,200
Office Visit (Primary Care)	\$35 (no deductible)	50% after deductible	40% after deductible	50% after deductible
Lab Work/ X-rays	20% after deductible 20% after deductible	50% after deductible 50% after deductible	40% after deductible 40% after deductible	Not covered 50% after deductible
Preventive	\$0 (no deductible)	Not covered	\$0 (no deductible)	Not covered
Inpatient Hospital	\$250 / admit + 20% after deductible	\$250 / admit + 50% after deductible	\$250 / admit + 40% after deductible	\$250 / admit + 50% after deductible
Outpatient Hospital	20% after deductible	50% after deductible	40% after deductible	50% after deductible
Emergency	\$250 + 20% after deductible		\$300 + 40% after deductible	
Urgent Care	\$50 (no deductible)	50% after deductible	40% after deductible	50% after deductible
Rx Deductible:	\$300 per person / \$600 per family		Included in Medical	
Tier 1 Rx	\$10	Not applicable	40% however you will not pay more than \$500	Not Applicable
Tier 2 Rx	\$55 after Rx deductible	Not applicable		
Tier 3 Rx	\$95 after Rx deductible	Not applicable		
Specialty Tier Rx	25% after Rx deductible (\$250 copay max)	Not applicable		

This document is intended to serve as a brief overview of benefits offered by EHDD. If there is any difference between this summary document and the details contained in the legal plan documents, the plan documents are always the final authority. Nothing in this document should be construed to reflect an employment contract. EHDD reserves the right to modify any content of this document at anytime.

Medical Insurance Continued...

Kaiser CA Group # 628806
 Customer Service: 800-464-4000
www.kp.org



Kaiser WA Group # 8371900
 Customer Service: 888-901-4636
www.kp.org/wa

Sutter Health Plus Group # 218030
 Customer Service: 855-315-5800
www.sutterhealthplus.org



Plan Features	Kaiser Washington PPO	Kaiser HMO Platinum \$20	Kaiser HMO HSA \$2,000	Sutter Health Plus HMO Gold \$30	Sutter Health Plus HMO HSA \$7,000
	Preferred Provider	In-Network Only			
Individual Deductible	\$600	\$0	\$2,000	\$1,000	\$7,000
Family Deductible	\$1,200	\$0	\$4,000	\$2,000	\$14,000
Ind. Out-of-Pocket Max.	\$6,500	\$4,500	\$3,500	\$6,750	\$7,000
Family Out-of-Pocket Max	\$13,000	\$9,000	\$7,000	\$13,500	\$14,000
Office Visit (Primary Care)	\$30	\$20	\$0 after deductible	\$30	0% after deductible
Office Visit (Specialist)	\$50	\$30	\$0 after deductible	\$50	0% after deductible
Lab Work / X-rays	\$40	\$20 / \$30	\$0 after deductible	\$30	0% after deductible
Preventive	\$0	\$0	\$0	\$0	\$0
Inpatient Hospital	20% after deductible	\$250 per day (5 day maximum)	\$300 per day after deductible	\$500 per day (5 day max.) after deductible	0% after deductible
Outpatient Hospital	20% after deductible	\$125 per procedure	\$150 per procedure after deductible	\$500 after deductible	0% after deductible
Emergency	20% after deductible	\$150	\$100 after deductible	\$250 after deductible	0% after deductible
Urgent Care	\$50	\$20	\$0 after deductible	\$30	0% after deductible
Tier 1 Rx	\$20	\$5	\$10 after deductible	\$5	0% after deductible
Tier 2 Rx	\$50	\$20	\$30 after deductible	\$25	0% after deductible
Tier 3 Rx	40% after deductible	\$20	\$30 after deductible	\$50	0% after deductible
Specialty Tier Rx	40% after deductible	10% (\$250 copay max)	\$30 after deductible	20% (\$250 copay max)	0% after deductible

Health Savings Account (HSA)

Customer Service: 800-358-8228
www.patelco.org



- As one of the EHDD's HSA Plan enrollees, you may open an account with Patelco to use pre-tax dollars to pay for future medical needs.
- Your HSA account is yours - unused funds are to be taken with you if you change jobs or retire.
- Your Health Savings Account may reimburse:

Qualified medical expenses incurred by the account beneficiary and his or her spouse and tax dependents

COBRA premiums; Health insurance premiums while receiving unemployment benefits

Any health insurance premiums paid, other than for a Medicare supplemental policy, by individuals age 65 or older

- 2022 Annual Maximum Contribution for HSA's is \$3,650 per Individual; \$7,300 per Family.
- 2023 Annual Maximum Contribution for HSA's is \$3,850 per Individual; \$7,750 per Family.
- Catch-up contribution (age 55+) is up to an additional \$1,000.

Flexible Spending Account (FSA)

Customer Service: 877-506-1660

support@enrollwithtag
www.enrollwithtag.com



You have the option to enroll in the company sponsored FSA plan. Make pre-tax contributions to your account for eligible health and dependent care expenses approved by the IRS. Your taxes are reduced and you are reimbursed with pre-tax dollars for expenses incurred during the plan year.

PLAN YEAR: January 1, 2022 to December 31, 2022

NOTE: This is a "use it or lose it plan" with annual Open Enrollment in November of each year.

- **Health Care FSA** - you may set aside up to \$2,850 per family annually to use on eligible expenses, including physician fees, deductibles, copayments, dental and vision expenses. **(not compatible with a Health Savings Account)**
- **Limited-purpose FSA** - A Limited-purpose FSA can reimburse you or help you pay for eligible out-of-pocket expenses, other than medical, when you are enrolled under an HSA-compatible plan. Such expenses include dental and orthodontia care, vision services, glasses, contacts, etc.
- **Health Care FSA Carryover Provision** - up to \$570 of unused FSA funds can be carried over to the following plan year.
- **Dependent Care FSA** - you may set aside up to \$5,000 per family annually to use on eligible dependent care expenses. If married and filing separately, you may set aside up to \$2,500 annually.

Dental Insurance

Guardian Group # 405487
 Customer Service: 800-541-7846
www.guardiananytime.com



EHDD offers two Dental PPO plans as part of their employee benefits program through Guardian as well. Non-Network dental services are subject to reasonable and customary (R & C) fees, which may mean additional costs to you if your dentist charges above the carrier contracted fees for services.

Dental Plan Features	Base Plan		Premier Plan	
Dental Network:	DentalGuard Preferred		DentalGuard Preferred	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible:	\$50 Per Person/\$150 Per Family		\$50 Per Person/\$150 Per Family	
Annual Maximum Benefit:	\$1,500 Per Person		\$2,000 Per Person	
Preventive:	100%	100% of U&C fees	100%	100% of U&C fees
Basic:	90%	80% of U&C fees	90%	80% of U&C fees
Major Restorative:	60%	50% of U&C fees	60%	50% of U&C fees
Orthodontia (children only):	50%	50% of U&C fees	50%	50% of U&C fees
Orthodontics Lifetime Maximum:	\$1,000		\$1,000	

Vision Insurance

Guardian (VSP) Group # 405487
 Customer Service: 800-877-7195
www.vsp.com



EHDD also offers you the vision care benefit through VSP via Guardian. The VSP Choice plan is a premier full service plan that offers choice, flexibility and maximum value through a VSP Preferred Provider.

Vision Plan Features	In-Network	Non-Network
Exam (every calendar year):	\$20 copay	Maximum allowance \$39
Prescription Glasses: Lenses (every calendar year)	\$20	Maximum allowance Single = \$23 Bifocal = \$37 Trifocal = \$49
Frames (every calendar year):	Maximum allowance \$150 + 20% off balance	Maximum allowance \$46
Medically Necessary Contacts Lenses (every calendar year):	\$20	Maximum allowance \$210

Group Life/AD&D, Voluntary Life/AD&D & Disability

Standard Group # 170509

Life Customer Service: 800-628-8600 / STD Customer Service: 800-368-2859 / LTD Customer Service: 800-368-1135

www.standard.com

EHDD offers Group Term Life Insurance with Accidental Death & Dismemberment (AD&D), Voluntary Life/AD&D, Short Term and Long Term Disability as part of our benefits program through The Standard.

Group Term Life/AD&D	Long Term Disability	Short Term Disability
1 x Salary up to \$200,000	66.67% of monthly earnings to a maximum of \$10,000 per month (90-day Elimination Period)	66.67% of earnings to a maximum of \$2,308 per week (7-day Elimination Period)

Voluntary Term Life, AD&D (all amounts are Guarantee Issue)

Employee Options	Spouse	Child(ren)
\$50,000 to \$200,000 (Increments of \$50,000)	\$50,000	\$10,000

Employee Assistance Program (EAP) / Travel Assistance

EHDD Benefits Package also has an Employee Assistance Program and Travel Assistance Program through The Standard. These programs are at no cost to you and can help you prepare for the unpredictable and keep small struggles from turning into major issues.

Employee Assistance Program
Customer Service #: 888-293-6948

Website: healthadvocate.com/standard3



Customer Service #: 800-872-1414

U.S. / Canada / Puerto Rico /

U.S. Virgin Islands & Bermuda

Everywhere Else: 1-609-986-1234

Text: 1-609-334-0807

Website: medservices@assistamerica.com

Employees have access to the following resources and reference services through your EAP:

- 24/7 toll-free access to assistance with your life challenges, financial planning, estate guidance and legal concerns.
- Up to 3 face-to-face visits with a counselor
- Personal and family counseling, grief counseling and assistance with mental health:clinical issues.
- Child care, elder care and college planning.

Toll-free travel assistance is also available, which includes 24/7 emergency assistance when employees and their families are traveling 100 miles or more from home.

- Assistance with hospital admission outside the U.S. and necessary medical evacuations to another facility.
- Medical care monitoring and supervised repatriation if required.
- Language Translation Services
- Arrangement for medications, vaccines or blood

Contacts/Resources

A benefits website has been created for EHDD employees with direct links to all the carrier websites, plan summaries, and contact information. You can search for in-network doctors and dentists by following the links to directories for each carrier. Many of your general questions can be answered by contacting the carrier directly, or reviewing the plan information located at:

<https://benefits3.filice.com/ehdd/>

If you have eligibility questions or unresolved claim issues and need assistance, please contact your Human Resources department or your Filice Account Manager noted below.

Account Manager: Eric Pogue

Email: epogue@filice.com

Phone: 408-621-1211 (cell)

