

At San Mateo Credit Union, we provide you and your family members with a robust and comprehensive benefit package. Please review the benefits highlighted in this booklet carefully when making your benefit decisions; your elections may not be changed throughout the year unless you have a Qualifying Life Event (QLE).

Important Announcements:

- **Medical:** You have the option of electing Kaiser or Evolution Health Care (Anthem Blue Cross Prudent Buyer PPO Network). Both plans are high deductible health plans with a company-sponsored Health Reimbursement Arrangement (HRA) . The HRA provides funding to help offset your deductible.
- **Dental:** Coverage is through Delta Dental. You have the option of election the PPO (includes coverage for the Premier network) or the dental HMO (DeltaCare).
- **Vision:** Coverage is provided by Vision Service Plan (VSP)

Medical Insurance



Eligible employees may also choose to enroll in the medical plan option offered through Kaiser. To be eligible for benefits, you must use Kaiser providers and facilities. There is no coverage, if you use non-Kaiser providers. Emergency and Urgent Care situations are the exception to this rule.

HRA: San Mateo Credit Union will fund a qualified HRA on your behalf. This HRA funding will cover up to **\$1,500 Single / \$3,000 Family** of your deductible, not including prescriptions. Prescription copays are your responsibility. You will receive a debit card that you can use at your initial date of service and/or to pay for any additional deductible expenses that you may get billed for.

- All individual HRA deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.
- HRA Administrator = Marin Benefits (www.marinbenefits.com) 415-526-1401
- Kaiser Group # 38465; Customer Service: 800-464-4000
- Find a doctor at www.kp.org



Medical Plan Features	Kaiser HRA Plan
	In-Network
Calendar Year Deductible: Per Person Per Family	\$1,500 \$3,000
Annual Out-of-Pocket Max: Per Person Per Family	\$3,000 \$6,000
Preventive Care: Physicals Screenings Lab & X-ray	no charge no charge no charge
Calendar Year Deductible applies to ALL services listed below, unless noted in RED	
Office Visits Telehealth	\$20 No Charge
Outpatient Lab & X-ray	\$10 (MRI / CT / PET = \$50)
Hospital Medical Services: Inpatient Outpatient	20% 20%
Emergency:	20%
Mental Health Services: Inpatient Outpatient	20% \$20 Individual / \$10 Group
Prescription Drugs (Rx): Generic - Tier 1 Brand Name - Tier 2 Non-Formulary - Tier 3 Mail-order	Deductible does not apply (your responsibility) \$10 \$30 N / A 2 x copays listed above

Medical Insurance



Eligible employees may also choose to enroll in the medical plan option offered through Evolution Healthcare through the **Anthem Blue Cross Prudent Buyer PPO Network**.

HRA: San Mateo Credit Union will fund a qualified HRA on your behalf. This HRA funding will cover up to **\$2,000 Single / \$4,000 Family** of your **in-network** deductible, including prescriptions.

- All individual HRA deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.
- HRA Annual Out-of-Pocket In-Network / Non-Network maximums are exclusive of each other and accumulate separately.
- HRA Administrator = Marin Benefits (www.marinbenefits.com) 415-526-1401
- Evolution Healthcare Client ID # 9S
- Evolution Healthcare Group # 9S0000
- Evolution Healthcare Member Services = (877) 877-3496
- All member access should be done on www.MyEVHC.com
- To find a participating provider, visit: www.MyEVHC.com (network = Blue Cross PPO (Prudent Buyer) Large Group)
- Select the Anthem logo at the bottom of the page
- Select Find a Doctor / Find Care
- Remember not to register or log in to Anthem, as Anthem is only the network for contracted provider



Medical Plan Features	Evolution Healthcare (Network = Blue Cross PPO (Prudent Buyer) Large Group) HRA	
	In-Network	Non-Network
Calendar Year Deductible: Per Person Per Family	\$2,000 \$4,000	\$4,000 \$8,000
Annual Out-of-Pocket Max: Per Person Per Family	\$4,000 \$8,000	\$9,000 \$18,000
Preventive Care: Physicals Screenings Lab & X-ray	no charge no charge no charge	40% 40% 40%
Calendar Year Deductible applies to ALL services listed below, unless noted in RED		
Office Visits Telehealth	20% Teladoc	40% N/A
Outpatient Lab & X-ray	20%	40%
Hospital Medical Services: Inpatient Outpatient	20% 20%	40% 40%
Emergency:	20% after In-network deductible is met	
Mental Health Services: Inpatient Outpatient	20% 20%	40% 40%
Prescription Drugs (Rx): Generic - Tier 1 Brand Name - Tier 2 Non-Formulary - Tier 3 Mail-order	\$10 \$30 \$50 3 x copays listed above	40% 40% 60%

Dental Insurance



Dental benefits are offered to benefit-eligible employees and their families through Delta Dental. You have the option of selecting the PPO (includes Premier & PPO providers) or the DeltaCare USA managed dental care program.

- PPO Group # 08156 / Customer Service # 800-765-6003
- DeltaCare USA Group # 75885 / Customer Service # 800-422-4234
- Find a dentist at www.deltadentalins.com
- **NOTE:** PPO non-Delta Dental services are reimbursed based on a program allowance, which may mean additional costs to you if your dentist charges above the contracted fees for services.
- DeltaCare USA: Notify Delta Dental by the 21st of the month, prior to requesting a dental provider change.

Dental Plan Features	PPO Plan			DeltaCare USA
	PPO	Premier	non-Delta Dental	In-network ONLY
Calendar Year Deductible (waived for Preventive & Ortho)	\$25 Member	\$25 member	\$25 member	None
Calendar Year Maximum:	\$1,500	\$1,500	\$1,500	Unlimited
Orthodontics Lifetime Max (Adults & Children)	\$1,500	\$1,500	\$1,500	You pay up to \$1,900
Preventive :	100%	100%	100%	Set copays for services. Refer to the plan summary for your costs
Basic :	80%	80%	80%	
Major Restorative :	50%	50%	50%	

Vision Insurance



San Mateo Credit Union offers you and your dependents total vision care through VSP. If you elect the vision coverage benefit, you have access to VSP's comprehensive network throughout the nation and more than 90% of members have access to a VSP network doctor within ten miles of work and home. Network = **CHOICE**

Doctors in the VSP network provide eye exams and a wide selection of eye wear, making it more convenient for you to obtain total eye care services through one provider.

- Benefits are based on the calendar year
- Discounts on extras may apply.
- Group # 30001529; Customer Service # 800-877-7195
- Find a vision doctor or specialist at www.vsp.com.

Vision Plan Features	In-Network	Non-Network
Eye Exams:(every 12 months)	\$20 copay	\$45 maximum benefit
Prescription Glasses - Lenses (every calendar year) Single / lined bifocal / trifocal Maximum allowance paid	\$20 copay	Plan max. coverage, after \$20 copay Single Vision = \$30 Lined Bifocal = \$50 Lined Trifocal = \$65
Frames: (every other calendar year) - OR -	\$150 allowance \$170 allowance for featured frames 20% discount off additional costs	\$70 maximum benefit
Contact Lenses (instead of glasses) (every calendar year)	No copay for contacts lenses \$60 copay for fitting & evaluation \$150 Allowance	\$105 maximum benefit

**** This document is intended to serve as an overview of benefits offered by San Mateo Credit Union. If there is any difference between this document and the details contained in the legal plan documents, the legal plan documents are the final authority. This document should not be construed to reflect an employment contract. San Mateo Credit Union reserves the right to modify any content of this document at anytime.****

Term Life & Disability Insurance



Mutual of Omaha

Group Term Life, Accidental Death and Dismemberment (AD&D) and Long Term Disability (LTD) are offered to all benefits-eligible San Mateo Credit Union employees through Mutual of Omaha. Group Term Life and LTD Disability Insurance benefits are paid 100% by your employer and are subject to taxable-imputed income according to IRS regulations.

Voluntary Life/AD&D is also available to employees and is 100% employee-paid. New-hires are eligible to elect up to the Guarantee Issue limits with no Evidence of Insurability (EOI) required. If you elect the minimum benefit of \$10,000 during your initial eligibility, you may elect up to an additional \$10,000 at each subsequent Open Enrollment, up to the Guarantee Issue, with no EOI required. If you elect an amount above the Guarantee Issue, or elect after your initial new-hire window, you will be required to complete the EOI.

Group # G000ARHT ; Customer Service # 800-655-5142; www.mutualofomaha.com

Group Term Life / AD&D	Voluntary Term Life and AD&D	Long Term Disability
Benefit = 2 times base annual earnings, up to a maximum \$200,000 <i>Employer-paid Benefit</i>	<p>Employee 5 x salary, up to a maximum of \$500,000 Guarantee Issue (GI) = \$100,000</p> <p>Spouse 50% of employee's benefit, up to \$100,000 GI = 100% of employee's benefit, up to \$50,000</p> <p>Child(ren) 50% of employee's benefit, up to \$10,000 100% of employee's benefit, up to \$10,000</p>	Benefit = 66 2/3% of monthly before-tax monthly earnings, up to \$10,000 per month. <u>90-day Elimination Period</u> <i>Employer-paid Benefit</i>

EAP & Travel Assistance

San Mateo Credit Union employees have access to a confidential EAP and Travel Assistance plans. Counseling assistance and professional resources are available at no cost to employees. These services are there to help you and your family members deal with life's challenges.



- 24/7 toll-free access to EAP professionals.
- This service is strictly confidential
- There is no cost to you for this service
- Telephone assistance and referrals for personal and professional matters
- Call 800-477-2258
- Website: www.sutterhealth.org/eap



Toll-free world-wide travel assistance is available through Travel Assist which includes 24/7 emergency assistance when employees and their families are traveling 100 miles or more from home.

- Call 800-856-9947 in US
- Call 312-935-3658 Outside US



Mutual of Omaha

401(k) Retirement Plan



Plan Highlights:

- **SMCU's employer match is 6%, on up to 8% of your contributions!** That's a pretty great return on your money! We would encourage you to contribute at least 8% to take full advantage of this benefit.
- **Auto Enrollment:** For all employees who are not currently contributing to SMCU's 401(k) plan, they will be auto-enrolled into the 401(k) program at a 3% contribution rate.
- **Auto Increases:** For all participating employees, their contributions will automatically increase by 1% each year, until they reach a 10% contribution. Please note: You can choose to opt-out of these features at the time that the change is occurring, and make changes within 30 days. Employees must opt-out annually
- **Contributions Limit:** The contribution limit for 2022 is \$20,500.
- **Catch-up Contribution Limit:** If you are 50 or older, or are turning 50 in 2022, you are eligible to put aside an additional \$6,500 in catch-up contributions.
- **Accessing your 401(k) Information:** To start participating or to make changes to your allocations, simply log onto Fidelity's website at <https://nb.fidelity.com/public/nb/default/home>

Flexible Spending Accounts (FSA)



San Mateo Credit Union benefits-eligible employees may enroll in the company-sponsored FSA plan administered through Navia Benefit Solutions. You may make pre-tax contributions to your account to be used for eligible Health Care expenses approved by the IRS. Your annual taxes are reduced and you are reimbursed with pre-tax dollars for expenses incurred during the plan year.

- Each pay period, a dollar amount specified by you will be deducted from your pay and contributed to your account.
- You may submit claims for expenses incurred during the plan year for up to 90 days after the plan year ends.
- You may not make any changes to your election amount during the plan year unless a Qualifying Event occurs.
- This plan has an **Unlimited Carryover Provision** for unclaimed Health Care & Dependent Care balances from the 2021 plan year. This means that an unlimited amount of unclaimed expenses can be carried over to the next FSA plan year. Any other unclaimed carryover funds will be forfeited and do not roll over into the following year. Budget wisely.
- **Health Care** - 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.
- **Dependent Care** - 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.
- For more information go to: www.naviabenefits.com Customer Service # : 800-669-3539

Commuter Program (Parking & Transportation)

- The Transportation Fringe Benefit Plan allows you to pay for work related travel and parking costs with pre-tax dollars (no federal income tax or FICA tax). This benefit applies to transportation in connection with travel between the employee's residence and place of employment.
- **Eligible Parking Expenses:** Eligible Parking expenses mean parking provided to an employee on or near the business premises of the employer or on or near a location from which the employee commutes to work by transportation provided by mass transit, a commuter highway vehicle, or by carpool.
- **Eligible Mass Transit Expenses:** Eligible Mass Transit expenses mean any pass, token, farecard, voucher, or similar item, entitling a person to transportation, if such transportation is on mass transit (BART or buses)
- **Monthly Pre-tax Contribution Amounts**
- Parking Expenses = \$280 / Mass Transit & Vanpool expenses (combined total) = \$280
- For more information go to: www.naviabenefits.com; Customer Service # 800-669-3539

A benefits website has been created for San Mateo Credit Union employees with direct links to all the carrier websites, detailed plan descriptions and contact information. Many of your general questions can be answered by contacting the carrier directly, or reviewing the plan information located at:

benefits.filice.com/smcu

You can search for "In-Network" doctors and dentists by following the links to directories for each carrier. You can also review plan details, contribution information, and access carrier links to log in as a member. To make changes to your San Mateo Credit Union benefits coverage, please notify your HR representative.

All documents relating to the San Mateo Credit Union Employee Insurance Benefits Program, including the General COBRA Notice, HIPAA Privacy Notice, Summary Plan Descriptions, Medicare Part D Creditable Coverage Notice and any other relevant Plan Documents or Notices are available to employees and their dependents electronically through San Mateo Credit Union's website. You may receive a paper copy of any of the above documents free of charge through the Human Resources Department.

If you have eligibility questions or unresolved claim issues and need assistance, please contact

Your Insurance Broker



Your Filice Account Manager

Eric Pogue
Cell: 408-621-1211
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