



2023-2024

Benefits Guide

Discover your benefits in three easy steps!

1. Get to Know Your Benefits!

Review this guide to see what benefits are available to you.

2. Ask Questions!

Send an email to our benefit consultants at SL Goodell Insurance Services
(connect@slgoodell.com)

3. Take Action!

Make your elections in Employee Navigator.

This is intended only as a general description of the plan's benefits and quoted rates. It is not a contract. For additional information about benefits or exclusions and limitations please refer to the plan's disclosure or summary plan description. In the event of any discrepancy, wording in the policy will prevail.

Benefits

Health



Medical

CalChoice - Two HMO plan options and three PPO plan options.



Dental

Delta Classic PPO Plus Premier Value 2000 w/DPM Level 1 w/1500 Ortho



Vision

VSP 12/12/12 Signature Plan



Health Savings Account (HSA)

Flexible Spending Account (FSA)

NEW!

Perks



Vacation

10 paid holidays & generous PTO

Vacation time after 60 days of employment

Income Protection



Basic Life/AD&D

MetLife- \$25K Benefit



Voluntary Life/AD&D

MetLife - for employee, spouse and child(ren) coverage



Long-Term Disability

MetLife - 60% of monthly earnings



401(K)

Retirement savings tool and tax deferred investment

Medical, Dental, Vision, Life/AD&D, LTD, and Vol. Life/AD&D Effective Dates

Effective: Oct 1, 2023 to Sept 30, 2024

New Hire Effective Date	First of the month following the 30th day after date of hire.
Qualifying Life Event Effective Date	Subject to the nature of the qualifying event, either first of the month following or coinciding with date of life event.
Elections or changes made during Open Enrollment	All benefits-eligible employees are entitled to an annual open enrollment period to make election changes, effective October 1st each year.

*****Employees may elect to participate in the Company's medical, dental, and/or vision plan(s) or decline coverage by consenting to an electronic waiver of insurance coverage and providing proof of health coverage, if applicable.*

In-Network Plan Details

Medical

Plan Basics	Anthem Blue Cross Gold PPO E	Anthem Blue Cross Silver PPO C	Anthem Blue Cross Silver PPO D (HSA Eligible)
Deductible: Individual	\$500	\$1,700	\$2,000
Deductible: Family	\$1,500	\$3,400	\$3,000 per member
Max out of pocket: Individual	\$7,700	\$9,100	\$7,050
Max out of pocket: Family	\$15,400	\$18,200	\$14,100
Copays & Coinsurance			
Primary Care Physician	\$30 copay	\$50 copay	35% coinsurance (after deductible)
Specialist Physician	\$60 copay	\$95 copay	35% coinsurance (after deductible)
Laboratory Services	\$15 copay	\$20 copay	35% coinsurance (after deductible)
Referral Required for Specialist	No	No	No
Chiropractic Care	50% coinsurance; 20 visits/yr	50% coinsurance; 20 visits/yr	50% coinsurance (after ded); 20 visits/yr
Urgent Care Facility	\$30 copay	\$50 copay	35% coinsurance (after deductible)
Hospitalization: Inpatient	20% coinsurance (after deductible)	40% coinsurance (after deductible)	5% coinsurance (after deductible)
Pharmacy			
Pharmacy Deductible	None	\$300 Individual / \$600 Family	Combined with medical deductible
Pharmacy Copay			
Level 1:	\$10/\$50/\$90/30% (up to \$250/Rx)	\$15 (ded waived)/ \$70/\$110/30% (up to \$250) (after ded)	\$15/\$70/\$110/30% (up to \$250) (after ded)
Level 2:	\$20/\$60/\$100/40% (up to \$250/Rx)	\$20 (ded waived) /\$80/\$120/40% (up to \$250) (after ded)	\$20/\$80/\$120/40% (up to \$250) (after ded)

In-Network Plan Details

Medical

Plan Basics	Kaiser Permanente Silver HMO C	Sharp Performance Silver HMO B
Deductible: Individual	\$2,500	\$2,400
Deductible: Family	\$5,000	\$4,800
Max out of pocket: Individual	\$8,750	\$9,100
Max out of pocket: Family	\$17,500	\$18,200
Copays & Coinsurance		
Primary Care Physician	\$55 copay	\$40 copay
Specialist Physician	\$90 copay	\$55 copay
Laboratory Services	\$55 copay	\$15 copay (after deductible)
Referral Required for Specialist	Yes	Yes
Chiropractic Care	Not covered	Not covered
Urgent Care Facility	\$55 copay	\$55 copay
Hospitalization: Inpatient	40% coinsurance (after deductible)	40% coinsurance (after deductible)
Pharmacy		
Pharmacy Deductible	\$370 Individual / \$740 Family	\$250 Individual / \$500 Family
Pharmacy Copay	\$19 (ded waived)/\$85/\$85/30% (up to \$250)(after ded)	\$16 (ded waived)/\$100/\$160 (after RX ded)

Medical Plan Eligibility



Plan eligibility is based on the area and zip code of the employee's address. Please be aware that if your county and zip code are not in the Anthem, Kaiser, and/or Sharp service areas, you will NOT be eligible for that plan.* This ensures that all medical care is available and covered in your area.

*Note: Anthem plans are offered to all employees who live outside of CA. If you live in CA, please check the county/zip list. The Kaiser and Sharp plans are only offered to employees in select counties/zip codes within CA.

Anthem Blue Cross - Prudent Buyer-Small Group

Area 1:	ALPINE except 95223; AMADOR except 95646; COLUSA except 95988; LASSEN except 96134; MENDOCINO except 95542; SUTTER except 95648; TEHAMA except 96007; TRINITY except 95543; TUOLUMNE except 95230
Area 2:	NAPA except 94589-94590, 95461; SOLANO except 94558; SONOMA except 94574, 95461
Area 3:	EL DORADO except 95666; PLACER except 95692
Area 4:	SAN FRANCISCO except 94014
Area 5:	CONTRA COSTA except 94557, 94588, 94611
Area 6:	ALAMEDA except 94583, 95035, 95304
Area 7:	SANTA CLARA except 94028, 94539
Area 8:	SAN MATEO except 94112, 94134
Area 9:	SAN BENITO except 93925, 95020
Area 10:	MARIPOSA except 95369; SAN JOAQUIN except 94505; TULARE except 93230
Area 11:	FRESNO except 93603, 93647
Area 12:	SAN LUIS OBISPO except 93458
Area 13:	Service and Rates apply to all ZIP codes in this Area
Area 14:	KERN except 93219
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 91786
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90090, 90233
Area 17:	RIVERSIDE except 91708, 92275; SAN BERNARDINO except 91752, 92320, 92509, 93558
Area 18:	Service and Rates apply to all ZIP codes in this Area
Area 19:	Service and Rates apply to all ZIP codes in this Area

ANTHEM BLUE CROSS PRUDENT BUYER - SMALL GROUP PPO IS AVAILABLE OUT-OF-STATE

Kaiser Permanente - Full

Area 1:	AMADOR 95640, 95669; SUTTER 95626, 95645, 95659, 95668, 95674, 95676, 95692, 95837; YUBA 95692, 95903, 95961
Area 2:	MARIN except 94998; NAPA except 94589-94590, 95461; SOLANO except 94558; SONOMA except 94574, 95412, 95461, 95480, 95497
Area 3:	EL DORADO 95613-95614, 95619, 95623, 95633-95635, 95651, 95664, 95667, 95672, 95682, 95762; PLACER except 95631, 95692, 95701, 95713-95715, 95717, 95724, 96140-96143, 96145-96146, 96148, 96161-96162; SACRAMENTO except 94245, 94299; YOLO except 95606, 95627, 95637, 95653, 95679, 95912, 95937
Area 4:	SAN FRANCISCO except 94014
Area 5:	CONTRA COSTA except 94557, 94588, 94611
Area 6:	ALAMEDA except 94583, 95035, 95304
Area 7:	SANTA CLARA except 94028, 94539, 95023
Area 8:	SAN MATEO except 94112, 94134
Area 9:	SANTA CRUZ except 94060
Area 10:	MARIPOSA 93601, 93623, 93653; SAN JOAQUIN except 94505; TULARE 93238, 93261, 93618, 93631, 93646, 93654, 93666, 93673
Area 11:	FRESNO except 93210, 93234, 93245, 93603, 93605, 93608, 93620-93622, 93628, 93633-93634, 93640-93642, 93647, 93664; KINGS 93230, 93232, 93242, 93631, 93656; MADERA except 93610, 93620, 93622, 93630
Area 12:	VENTURA except 93013, 93023-93024, 93225
Area 13:	IMPERIAL 92274-92275
Area 14:	KERN except 93219, 93255, 93283, 93461, 93516, 93523-93524, 93527-93528, 93554-93556, 93558, 93596
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 90704, 90834-90835, 90899, 91709, 91786
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90090
Area 17:	RIVERSIDE except 91708, 92225-92226, 92239, 92275, 92536, 92539, 92549, 92561; SAN BERNARDINO except 91752, 91792, 92242, 92267, 92280, 92301, 92304, 92309-92312, 92320, 92323, 92327, 92332, 92338, 92342, 92347, 92356, 92363-92366, 92368, 92398, 92509, 93516, 93555, 93558, 93562, 93592
Area 18:	Service and Rates apply to all ZIP codes in this Area
Area 19:	SAN DIEGO except 91905-91906, 91934, 91948, 92004, 92036, 92066, 92070

Sharp Health Plan - Performance

Area 1:	Rate Area Only, No Service
Area 2:	Rate Area Only, No Service
Area 3:	Rate Area Only, No Service
Area 4:	Rate Area Only, No Service
Area 5:	Rate Area Only, No Service
Area 6:	Rate Area Only, No Service
Area 7:	Rate Area Only, No Service
Area 8:	Rate Area Only, No Service
Area 9:	Rate Area Only, No Service
Area 10:	Rate Area Only, No Service
Area 11:	Rate Area Only, No Service
Area 12:	Rate Area Only, No Service
Area 13:	Rate Area Only, No Service
Area 14:	Rate Area Only, No Service
Area 15:	Rate Area Only, No Service
Area 16:	Rate Area Only, No Service
Area 17:	Rate Area Only, No Service
Area 18:	Rate Area Only, No Service
Area 19:	SAN DIEGO except 91934, 92004, 92036, 92066

Rates: Your Monthly Contribution

Effective Oct 1, 2023



Medical

CA Employee
Cost :

Non-CA
Employee
Cost :

Dependent
Cost:

Anthem Blue Cross -

Silver PPO D

Buy-up from
Kaiser HMO C

\$50 per pay

Silver PPO C

Buy-up from
Kaiser HMO C

Buy-up from
PPO D

75% Employee
contribution

Gold PPO E

Buy-up from
Kaiser HMO C

Buy-up from
PPO D

for
dependents

Kaiser Permanente -
Silver HMO C (CA Only)

\$50 per pay

N/A

Sharp Performance -
Silver HMO B (CA Only)

\$50 per pay

N/A

Rates: Your Monthly Contribution

Effective Oct 1, 2023

Dental

Delta Dental Classic PPO Plus Premier Value 2000
w/DPM Level 1 w/1500 Ortho



Employee Only	\$20 per pay
Dependents	\$0

Vision

VSP Signature 12/12/12



Employee Only	\$5 per pay
Dependents	\$0

Plan Details

Dental



With your Delta Dental Classic PPO plus Premier Value Plan, employees select from any dentist in the PPO network to experience the most savings. Employees who cannot find a PPO dentist may also visit dentists outside the PPO network at higher rate of charge. Out-of-network benefits are limited to the PPO fee schedule.

	PPO	
Delta Dental Providers	<i>In Network</i>	<i>Non-PPO/Out-of-Network</i>
Individual Deductible per calendar year	\$50	\$50
Family Deductible per calendar year	\$50 per person	\$50 per person
Annual Maximum Benefit	\$2,000 per person	\$2,000 per person
Preventive Care	\$0 copay (deductible waived)	20% coinsurance (deductible waived)
Basic Care	10% coinsurance (after deductible)	40% coinsurance (after deductible)
Major Care	40% coinsurance (after deductible)	50% coinsurance (after deductible)
Orthodontia	50% coinsurance (deductible waived)**	50% coinsurance (deductible waived)**

**Eligibility is limited to Dependent Children

In-Network Plan Details

Vision



The Plan Basics

VSP Signature 12/12/12

Exams Copay

\$20 copay

Materials Copay

\$20 copay for glasses
(frames+lenses)

Services Frequencies

- Exams
- Lenses (for glasses or contact lenses)
- Frames

Once every 12 months

Once every 12 months

Once every 12 months

Plan Details

Life and AD&D



Rates

Paid by the company in full

Employee Benefit

Your employer provides a \$25,000 amount of Basic Term Life coverage for all full time employees.

Accidental Death and Dismemberment

Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage of \$25,000.

Plan Details

Long Term Disability



Coverage amount	60% of salary to maximum \$6,000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	Social Security Normal Retirement Age Benefit length varies past age 61.
Accident or Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 91

Information Regarding Long Term Disability

- **Disability (Long-Term):** For the first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary includes average bonuses and commissions.

Plan Details

Voluntary Life/AD&D

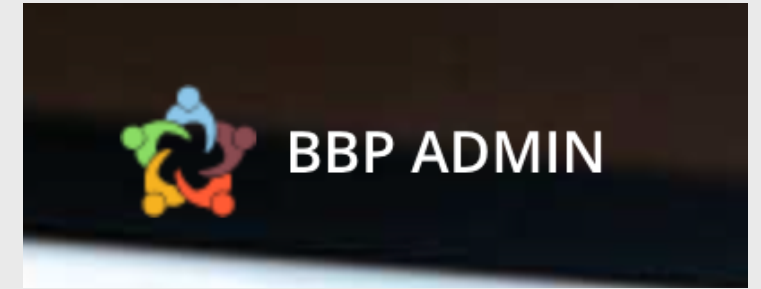


Rates	Rates are calculated based on your age and are deducted post-tax.
Employee Benefit	Your supplemental life includes coverage up to \$500,000 for employees, \$100,000 for spouses, and \$10,000 for each child.
Accidental Death and Dismemberment	Included. Benefit equal to the base voluntary term coverage. This is automatically included for employees and dependents electing voluntary term life insurance.
Proof of Good Health	Required for employees requesting amounts greater than \$100,000 and spouses requesting amounts greater than \$25,000**.
Child Life Benefit	<p>For eligible children older than 6 months, employees may elect coverage up to \$10,000.</p> <p>For eligible children between 15 days and 6 months, employees may elect child coverage of \$500.</p> <p>For eligible children under 15 days of age, employees may elect child coverage of \$100.</p>

***During OE, if you previously waived coverage, the guaranteed issue amount will be less.*

NEW

(HSA) Health Savings Account



Plan Summary: If you enroll in the Cal Choice-Anthem Blue Cross Silver PPO D plan, HSA's are similar to a personal savings account, but the money is used to pay for healthcare expenses. A benefit of the HSA is that the money you deposit into the account is not taxed.

(FSA) Health Care Flexible Spending Account

Plan Summary: The Health Care FSA allows funds to be set aside from your paycheck on a pre-tax basis for health and other insurance claims, reducing your gross wages and employee taxes. After the 2023-2024 plan year, up to \$610 of unused Health Care FSA funds may be carried over into the next plan year.

Eligible Expenses List: <https://fsastore.com/FSA-Eligibility-List.aspx>

Please note that the maximum annual benefit amount that a participant may elect to receive for healthcare expenses incurred in the 2023-2024 plan year shall be **\$3,050. Employee must elect a minimum of **\$500 annually** to participate.*

**** Enrolling in the HSA account qualifies one to enroll in an FSA account, however it is a limited purpose plan for dental and vision benefits only.*

Additional Resources and Contact Information

Name	Services	Contact	Web
CalChoice	Medical	1-800-393-6130	https://www.calchoice.com/
Delta Dental of CA	Dental	1-800-765-6003	https://www.deltadental.com/
VSP	Vision	1-800-877-7195	https://www.vsp.com/
MetLife	Life Insurance, Long-Term Disability, and Voluntary Life/AD&D	1-800-638-5433	https://www.metlife.com/
Employee Navigator	Benefit Enrollment Platform		https://employeenavigator.com/
BBP Admin	HSA, FSA, COBRA	1-630-773-2337	https://bbpadmin.com/



<https://www.employeenavigator.com/benefits/Account/Login>



GOODELL

INSURANCE SERVICES INC.

For questions, contact SL Goodell Insurance Services:

connect@slgoodell.com

1-916-591-3810