

WHO IS ELIGIBLE

EMPLOYEES

Full time and part time employees are eligible. Your Cigna or Kaiser, Delta Dental and VSP benefits are effective first of the month following date of hire.

ELIGIBLE DEPENDENTS

Your eligible dependents include your legally married spouse, registered domestic partner, and children up to age 26 for medical. However, for other plans, age limits may apply. Coverage may be available for a mentally or physically disabled child who is age 26 or older. Requirements for such coverage and documentation of disability depend on the insurance carrier. Please contact your Benefits Administrator if you believe this applies to your family.

DOMESTIC PARTNERS

A domestic partnership (same sex or opposite sex) is defined as two people living together and are involved in an interpersonal relationship sharing their domestic life as if married even though they are not legally married.

You may be asked for qualifying information to enroll a domestic partner and/or show documentation to prove the relationship under some policies:

- Do you maintain the same regular and permanent residence for at least 6 months to a year (depending on the insurance carrier) with the current intent to continue doing so indefinitely.
- Neither person is married to someone other than the domestic partner and neither person is in a domestic partnership with another person.
- Are jointly financially responsible for "basic living expenses" defined as the cost of basic food, shelter, and any other expenses of a domestic partnership.

WHEN CAN YOU ENROLL

NEW HIRES/NEWLY ELIGIBLE FOR BENEFITS

From date of hire or full time employment you have 30 days to enroll into benefits. If you do not enroll within that time frame, you will not be eligible to enroll until Open Enrollment. Your benefit elections will be effective the first of the month following date of hire.

OPEN ENROLLMENT

During Open Enrollment, you will have the opportunity to make changes to your benefit elections. You must enroll by the Open Enrollment deadline for your benefits to be effective January 1st, 2021. Except for a Qualifying Event, you will not be able to change your elections until the next year's Open Enrollment.

QUALIFYING EVENTS

If you have a qualifying event, you may be able to change your benefits before the next Open Enrollment. You must notify Human Resources within 30 days of the event.

QUALIFYING EVENTS

- * Newly hired as full time benefits eligible employee
- * Changing from Part-Time to Full-Time
- * Loss of coverage for you, your spouse or dependents
- * Change in marital status
- * Birth of a child, adoption, legal guardianship or custody.
- * Change in residence causing loss of coverage
- * Qualified Medical Child Support Order (QMCSO)

HOW TO ENROLL OR MAKE CHANGES?

- Within 30 days as a new hire or for a Qualifying Event you will need to complete your benefit elections or waivers via **Benetrac**
- If elections are not made within the new hire window your next opportunity to elect benefits will be at Open Enrollment unless you experience a qualifying event.

CARRIER CONTACT INFORMATION

	<u>Carrier</u>	<u>Phone</u>	<u>Policy #</u>	<u>Website</u>
Medical	Kaiser Permanente	800-464-4000	841	www.kp.org
Medical	CIGNA	800-592-9219	3196668	www.cigna.com
Dental	Delta Dental	888-335-8227	2439	www.deltadental.com
Vision	VSP Signature	800-877-7195	30043689	www.vsp.com
FSA	Vita	650-966-1492	MVLA	www.vitacompanies.com
Broker	ExpertQuote	408-953-1000	Not Required	www.expertquote.com

SUMMARY OF YOUR EMPLOYEE BENEFITS

January 2021



Benetrac Enrollment:

<https://www.eenroller.net>

MVLA Group ID # MSVD1245

Your EQ Benefits Team

Jennifer Glasser

Sr. Account Manager
Jennifer@ExpertQuote.com

Ashlii Partin

Associate Account Manager
Ashlii@ExpertQuote.com





MEDICAL

	HMO	DHMO	HSA*
	In Network	In Network	In Network
Annual Deductible Individual	\$0	\$1,500	\$2,000
Annual Deductible Family	\$0	\$3,000	\$4,000
Max Out Of Pocket Individual	\$1,500	\$4,000	\$4,000
Max Out Of Pocket Family	\$3,000	\$8,000	\$6,850
Office Copay	\$10	\$40 (deductible waived)	
Lab X-Ray	\$0	\$10 after deductible / 30% after deductible up to \$50	20% after deductible
Inpatient Hospital			
Outpatient Surgery	\$10/procedure	30% after deductible	
Emergency Room	\$50/visit		
Ambulance	\$50/trip	\$150 /trip after deductible	
Urgent Care	\$10/visit	\$40 /visit deductible waived	
Rx Generic	\$10	\$10	\$10 after deductible
Rx Brand	\$15	\$30	\$30 after deductible
Infertility Treatment	50% (deductible waived) for diagnosis and treatment of infertility	50% (deductible waived) for diagnosis and treatment of infertility	50% after deductible for diagnosis and treatment of infertility
Chiropractic	Not Covered	Not Covered	Not Covered
Acupuncture	\$10/visit	Not Covered	
DME	20%	20%	20% after deductible
Mental Health	\$10 individual \$5 group	\$40 individual \$20 group	

***2021 Kaiser and CIGNA HSA Totals:**
(100% employer funded - must be enrolled in the HDHP)
 Employee Only: **\$3,600**
 Employee + Family: **\$7,200**



	HMO	POS		HSA*
	In Network	In Network	Out of Network	In Network
Annual Deductible Individual	\$0	\$0	\$250	\$2,000
Annual Deductible Family	\$0	\$0	\$500	\$4,000
Max Out Of Pocket Individual	\$1,000	\$1,000	\$2,000	\$3,000
Max Out Of Pocket Family	\$2,000	\$2,000	\$4,000	\$5,000
Office Copay	\$10	\$25		
Lab X-Ray			20% after deductible	20% after deductible
Inpatient Hospital	\$0	\$0		
Outpatient Surgery				
Emergency Room	\$50/visit	\$50/visit (waived if admitted)	\$50	
Ambulance	\$0	\$0	\$0	
Urgent Care	\$25/visit	\$25/visit (waived if admintted)	\$25	
Rx Generic	\$7	\$15	Not Covered	\$20 after deductible
Rx Brand	\$15	\$30	Not Covered	\$40 after deductible
Infertility Treatment	\$10 office visit Inpatient / Outpatient Facility \$0 Inpatient / Outpatient Professional 30%	\$25 office visit \$0 Inpatient / Outpatient Professional and Facility	Not Covered	Not Covered
Chiropractic	\$20	Not Covered	Not Covered	20% after deductible
Acupuncture	\$10	\$25	20% after deductible	
DME	\$0	\$0	Not Covered	
Mental Health	\$10	\$0	20% after deductible	



DENTAL

Deductible Individual
 Deductible Family
 Preventive
 Cleanings Frequency
 Deductible Waived
 Basic Endo/Perio
 Major
 Annual Maximum
 Pays out of network
 Ortho
 Ortho Lifetime Max
 Dental Network

	In Network	Out of Network
Deductible Individual	\$0	
Deductible Family	\$0	
Preventive	70-100%	
Cleanings Frequency	2x per Calendar Year	
Deductible Waived	Yes	
Basic Endo/Perio	70-100%	70-100%
Major	70-100%	70-100%
Annual Maximum	\$2,000 per person	
Pays out of network	MAC	
Ortho	50%	
Ortho Lifetime Max	\$1,000	
Dental Network	Delta Dental Premier	



VISION

Comprehensive Exam
 Eye Exams
 Lenses
 Single Vision
 Bifocal
 Trifocal
 Frames
 Contacts (in lieu of)
 Elective
 Vision Network

	In Network
Comprehensive Exam	Every 12 Months
Eye Exams	\$5 Copay
Lenses	Every 12 Months
Single Vision	Combined with exam
Bifocal	
Trifocal	
Frames	Every 12 Months
Contacts (in lieu of)	\$130 Allowance + 20% above allowance (\$150 allowance on featured frame brands)
Elective	Every 12 Months
Vision Network	\$130 Allowance VSP Signature

TruHearing Discount Program

Available through VSP—if participating in VSP's Vision plan.

TruHearing is a program through VSP, helping people to live life to the fullest. Like vision loss, hearing loss can have a big impact on both workplace and home life.

Participants receive:

- ◆ Savings up to 50% on hearing aids
- ◆ Yearly comprehensive hearing exams for \$75
- ◆ 3 visits with a hearing professional after purchase (fitting, programming and/or adjustments)
- ◆ 48 batteries per purchased hearing aid
- ◆ Three year repair warranty
- ◆ You can also get coverage for your extended family for a small additional charge. (parents, grandparents, siblings)

All you have to do to get started as a VSP member is sign up at vsp.truhearing.com and choose whether to enroll dependents and guest members as well. Once you are signed up, you can call them at **877-396-7194** to schedule an appointment. They will tell you where to go to receive your exam and discounted aids.

2021 Health Care and Dependent Care FSA



FSA Pre-Tax Benefit Totals (Annual)
 Healthcare FSA : \$2,750 / Dependent Care FSA: \$5,000

Claims may be submitted as expenses are incurred, or they may be bundled and filed on a periodic basis. All claims for the 2021 Plan Year must be received by March 31, 2022*. Claims may be submitted by visiting: www.vitacompanies.com

This guide is intended as a quick reference, not a comprehensive description. There are limitations and exclusions to these benefits that can be found in the official plan document. The official plan documents and negotiated contract will govern in case of any discrepancies.