Healthcare Benefits Overview

Eligibility
Full Time Employees (regularly scheduled for 30+ hours each week)

Effective Date
First day of the month following one month’s tenure in a full time role.

Plan Year
June 1 – May 30

Enrollment Changes
After initial enrollment, changes can be made during Open Enrollment in May of each year. Mid-plan Changes can be made for Qualifying Events within 30 days of the Event.

The following are available to employees for Healthcare Benefits:
1. Comprehensive Medical – Kaiser Permanente (2 Plan Options)
2. Out of Pocket Reimbursement Coverage – SIS Link
3. Dental – Delta Dental
4. Life Insurance – The Hartford
5. Short Term Disability – The Hartford

Qualifying Life Events (ERISA Section 125):
Necessary for Mid-Plan Year Enrollment Changes
- Marriage, divorce or legal separation
- Birth or adoption of a child
- Death of a spouse or child
- Change in residence or work location that affects benefits eligibility for you or your covered dependent(s)
- Your child(ren) meets (or fails to meet) the plan's eligibility rules (for example, student status changes)
- You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status (for example, beginning or ending a job or dependent's open enrollment)

Please note: Election changes must be completed within 30 days of the effective date of the Qualifying Life Event.
Healthcare Benefits Overview

Detailed Summary of Each Program in Healthcare Package

**Kaiser Permanente Comprehensive Medical Coverage**

3 Options (Employee and Dependents must all be enrolled in the same option):

1. **KP CO Gold 0/30 HMO No Deductible**
   - CoPayments:
     - i. Preventive Care: No Charge
     - ii. Primary Care: $30; Specialists: $60

2. **KP CO Silver $2500 Deductible PPO (OUT OF STATE Plan)**
   - $2,500 Deductible (subscriber) | $7,500 Deductible (family)
   - CoPayments:
     - i. Preventive Care: No Charge
     - ii. Primary Care: $50; Specialists: $80

**SIS Link, Companion Program for Out of Pocket Reimbursement**

Must submit claim to be reimbursed
Inpatient Hospital: $3000/person/year; Out-Patient: $2000; 4 occurrences/year Plan valid with Group Major Medical / Comprehensive Plans
Reimbursable Costs:
- i. Covered group major medical/comprehensive policy and applied to its ii. deductible, co-payments and/or coinsurance provision
- Medically necessary and result from the treatment of injury or sickness

**Delta Dental PPO**

- $1000 max benefit/person/calendar year
- $50 Deductible
- Preventive & Diagnostic: 100% covered (limit on each/calendar year)
- Basic Services (Fillings, Root Canals): 80% covered (limits vary with procedure)
- Major Services (Crowns, Dentures): 50% Covered (limits vary with procedure)
- Vision Discount offered at participating providers (visit eyemedvisioncare.com/deltadental)

**The Hartford Life Insurance (Employee Only Benefit)**

Life Policy is for flat $25,000

**The Hartford Short Term Disability (Employee Only Benefit)**

Short Term Disability pays up to 26 weeks @ $300/week
## Healthcare Benefits Overview
### Employee & Dependent Costs for Enrollment

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Per Pay Period Costs</th>
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<tbody>
<tr>
<td></td>
<td>Employee Only</td>
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<tr>
<td><strong>Comprehensive Medical (Select One Plan)</strong></td>
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</tr>
<tr>
<td>KP CO Gold 0/30 HMO</td>
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<tr>
<td>KP CO Silver 2500/50 PPO Out of State</td>
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<tr>
<td><strong>Out of Pocket Reimbursement Coverage</strong></td>
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<tr>
<td>SIS Link (EE Under 40)</td>
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<tr>
<td>SIS Link (EE 40-49)</td>
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<tr>
<td>SIS Link (EE Over 50)</td>
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<tr>
<td><strong>Dental Coverage</strong></td>
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<tr>
<td>Delta Dental PPO</td>
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<tr>
<td><strong>Life Insurance Coverage</strong></td>
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<tr>
<td>The Hartford $25,000</td>
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<tr>
<td><strong>Short Term Disability Coverage</strong></td>
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<tr>
<td>The Hartford $300/wk</td>
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