



2024

EMPLOYEE BENEFITS



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Welcome

At the Central California Alliance for Health, we're committed to providing benefits that support the health, well-being, and security of our employees and their families. This guide provides an overview of the wide range of benefits the Alliance offers to all 5 counties (Scotts Valley, Monterey, Merced, San Benito and Mariposa).

Eligibility

You are eligible for all the benefits described in this guide if you are a regular full-time employee scheduled to work 30 or more hours per week.

Regular part-time employees working less than 30 hours per week are eligible for pro-rated Paid Time Off benefits, Holiday Pay, and the 401(a) Retirement Plan contribution. They may also participate in on-site fitness centers, employee discounts and the Employee Referral Incentive Program.

Most benefits are effective the first of the month following your date of hire. If you start on the first of the month, benefits will begin that same day.

Eligible Dependents:

For medical, dental and vision coverage, your eligible dependents include:

- » Your spouse or qualified domestic partner
- » Your dependent children from birth to the child's 26th birthday
- » Your dependent children over age 26, if they are incapable of self-support because of mental or physical disability
- » Dependent children include the children of your qualified domestic partner, provided they are dependent upon you for support and maintenance

To enroll in the health plans, flexible spending accounts, and voluntary short term disability plans, you must enroll no later than 30 days from your date of hire. When enrolling a dependent in the health plans for the first time, you are required to submit documentation, such as a birth certificate or marriage license to verify dependent status.

Each Fall, you can make changes during the Open Enrollment period. The changes you make during Open Enrollment become effective January 1st of the following year.

You will not be able to make changes during the year unless you have a qualified life event as defined by the IRS. Qualified life events include:

- » Addition of a dependent through marriage, birth, adoption or custody change
- » Loss of a dependent through death, divorce, or becoming ineligible for plan coverage
- » A change in an eligible dependent's employment status resulting in gain or loss of benefit coverage

If you experience a life event, you must notify Human Resources within 30 days; otherwise, you will be required to wait until the next Open Enrollment to make any changes to your benefit plan elections.



Medical Benefits | Anthem Blue Cross

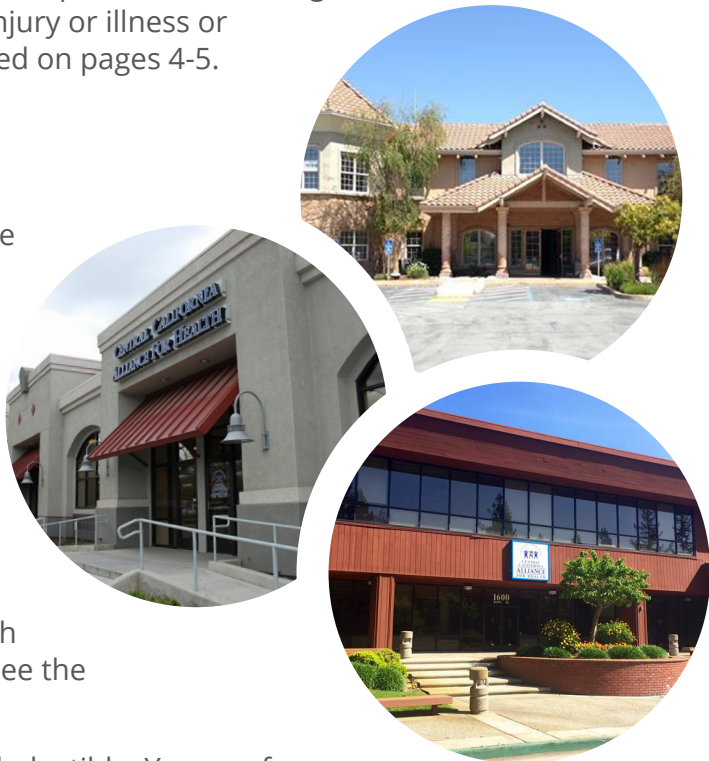
The Alliance offers three medical plan options through Anthem Blue Cross. All of the options support your health with preventive care covered at 100%, and comprehensive coverage and protection from the unexpected, such as sudden injury or illness or extended hospital stays. A benefit comparison is detailed on pages 4-5.

----- Anthem Blue Cross

Classic HMO – With the HMO plan, members have the option of choosing a Primary Care Physician (PCP) in the Anthem Blue Cross network. Your PCP will coordinate your care, and make authorized referrals to specialists and medical facilities as needed. You pay a copayment for most covered services. See the chart on pages 4-5 for an overview of benefits.

Classic PPO – With the PPO plan, you may go to any doctor you choose; however, covered services are greater when using providers who are part of the Anthem Blue Cross network. The plan has a deductible you must satisfy before the plan pays benefits, although you only pay a copayment for in-network office visits. See the chart on pages 4-5 for an overview of benefits.

PPO w/ HSA – The HSA Plan is a PPO plan with a high deductible. You pay for health care expenses out-of-pocket up to the deductible, then pay coinsurance until you reach the calendar year out-of-pocket maximum. You can see any provider you choose – but you'll pay lower, negotiated rates when you stay within the Anthem Blue Cross network. Anthem PPO HSA Plan participants will be eligible for a health savings account (HSA). Participants may use their HSA to pay for eligible out-of-pocket expenses. For details about the HSA plan, see pages 4-5.



Plan	Vendor	Group #	Phone	Website
Classic HMO Plan	Anthem Blue Cross	L09536	800-888-8288	www.anthem.com
Classic PPO Plan	Anthem Blue Cross	L09536	800-888-8288	www.anthem.com
PPO w/ HSA Plan	Anthem Blue Cross	L09536	800-888-8288	www.anthem.com

	Anthem Classic HMO	Anthem Classic PPO		Anthem PPO w/ HSA	
PLAN PROVISION		In-Network	Out-of-Network	In-Network	Out-of-Network
Network	Anthem Network	Anthem Network	N/A	Anthem Network	N/A
Individual Calendar Year Deductible	None	\$250	\$750	\$3,000	\$3,000
Family Calendar Year Deductible	None	\$750	\$2,250	\$6,000	\$6,000
Plan Coinsurance	N/A	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Individual Calendar Year Out of Pocket Max	\$2,000	\$2,500	\$7,500	\$5,500	\$10,000
Family Calendar Year Out of Pocket Max	\$4,000	\$5,000	\$15,000	\$11,000	\$20,000
Primary Care Office Visit	\$20 copay	\$20 copay	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Specialist Office Visit	\$40 copay	\$20 copay	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Urgent Care in Office Setting	\$45 copay	\$25 copay	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Preventive Care	No charge	No charge	You pay 40% after deductible	No charge	You pay 40% after deductible
Hospital Room and Board	\$250 copay per admission	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Emergency Room (copay waived if admitted)	\$100 copay	\$150 copay + 20% after deductible	Covered as In-Network	\$150 copay + 20% after deductible	Covered as In-Network
Outpatient Mental Health	No Charge	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Inpatient Mental Health	\$250 copay per admission	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Laboratory Services	No charge	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Acupuncture	\$40 copay, up to 30 visits per year	\$20 copay, up to 20 visits per year	Not Covered	You pay 20% after deductible, up to 20 visits per year	Not Covered
Chiropractic	\$40 copay, up to 30 visits per year	\$20 copay, up to 30 visits per year	You pay 40% after deductible, up to 30 visits per year	You pay 20% after deductible, up to 20 visits per year	You pay 40% after deductible, up to 20 visits per year

Prescription Drug Coverage					
	Anthem Classic HMO	Anthem Classic PPO		Anthem PPO w/ HSA	
PLAN PROVISION		In-Network	Out-of-Network	In-Network	Out-of-Network
Retail: 30-day supply				After the plan deductible	
Tier 1	\$10 copay	\$10 copay	Not covered	\$10 copay	You pay 50% after deductible up to \$250
Tier 2	\$25 copay	\$25 copay	Not covered	\$25 copay	You pay 50% after deductible up to \$250
Tier 3	\$40 copay	\$40 copay	Not covered	\$40 copay	You pay 50% after deductible up to \$250
Tier 4 - Specialty	You pay 20% up to \$250	You pay 30% up to \$250	Not covered	You pay 30% after deductible up to \$250	You pay 50% after deductible up to \$250
	Out-of-Network Rx: Not covered		Out-of-Network Rx: Not covered		
Mail Order: 90-day supply				After the plan deductible	
Tier 1	\$20 copay	\$30 copay	Not covered	\$30 copay	Not covered
Tier 2	\$50 copay	\$75 copay	Not covered	\$75 copay	Not covered
Tier 3	\$80 copay	\$120 copay	Not covered	\$120 copay	Not covered
Tier 4 - Specialty	You pay 20% up to \$250	You pay 30% up to \$250	Not covered	You pay 30% up to \$250	Not covered

Things to Consider When Selecting a Medical Plan

- » **Is your physician in the network?** You can check by accessing Anthem's networks on-line at <https://www.anthem.com/find-care/>
- » **Flexibility** - All three Anthem plans share a national network of providers and offer benefits for in-network services; it is recommended that you select a Primary Care Physician.
- » **Cost** - Review page 10 for your share of the cost for each plan and coverage level in 2024. Your contributions are deducted bi-weekly on a pre-tax basis.

More About the Health Savings Account

What is an HSA?

The HSA is a savings account that secures pre-tax dollars in a fund for future medical needs, and helps meet the plan's high deductible, should something happen that takes medical expenses beyond what is readily affordable. The HSA is a tax-exempt trust account set up through Navia Benefit Solutions. HSA contributions, earnings on contributions, and qualified health care expense distributions are generally exempt from Federal taxes, however they are not exempt from California state tax. Participants may use the HSA funds to pay for qualified out-of-pocket medical, dental and vision expenses, including deductibles, both now and in retirement. As long as HSA funds are used for qualified health care expenses, they remain tax-free. If all HSA funds are not used during the current year, they may be rolled over to use for future medical expenses. If employment with the Alliance ends, HSA funds may be taken with the participant because the participant owns the account.

HSA Contributions in 2024

For 2024, to help employees build their HSAs, the Alliance will make quarterly contributions on the first pay date of each calendar quarter as follows:

- » Employee Only Coverage - \$562.50 per quarter
- » Employee with Dependent Coverage - \$1,312.50 per quarter
- » As a new employee who enrolls in the HSA Plan, you will receive a pro-rated amount for each month of coverage remaining in the current quarter as follows:
 - » Employee Only Coverage - \$187.50 per month
 - » Employee with Dependent Coverage - \$437.50 per month

Thereafter, you will receive the regular quarterly contribution for your elected coverage level for the remainder of the calendar year as long as you remain enrolled in the HSA plan.

Participants may make additional contributions to their HSA via payroll deductions on a pretax basis, up to the maximum allowed by the IRS. In 2024, the maximum total IRS annual contribution limit, including employer and employee contributions, is:

- » \$4,150 for employee only coverage, or
- » \$8,300 for employee with dependent coverage.

Contribution limits for future years will be set by the IRS.

Individuals age 55 and older who are covered by the HSA Plan can make additional catch-up contributions each year until age 65 (or the age they are enrolled in Medicare, if earlier) of \$1,000 per year. Spouses must make catch-up contributions to their own HSAs. Note that per IRS regulations, when HSA participants enroll in Medicare (regardless of age) they may no longer make contributions to an HSA, nor receive employer contributions.

Note: HSAs are governed by IRS rules. The "13-Month Rule" allows eligible individuals to make a full contribution for the plan year regardless of when they enter the plan. The rule requires the employee to be enrolled on the first day of December and must remain on the HSA Plan through December 31 of the following year. We strongly encourage you to consult with your tax advisor to determine the your applicable contribution amount.

Advantages of the HSA

There are several advantages to establishing an HSA:

- » The Alliance makes a contribution to HSA participants on a tax-free basis each year. Contributions are exempt from Federal income tax, but are still subject to state income tax.
- » Participants may make personal after-tax HSA contributions. Contributions made by the employees may be deducted from taxable income when they file their income taxes.
- » Funds may be used on a tax-free basis to pay for qualified health care expenses, now and in retirement.
- » HSA funds can conveniently be accessed with a debit card.
- » When an account balance exceeds \$1,000, participants may opt to invest HSA funds, choosing from several distinct mutual funds. The earnings grow tax-free.
- » Unused HSA funds roll over from year to year, making it easier to save for the future (i.e., there is no “use it or lose it” rule).
- » HSA may be taken with the account holder when employment with the Alliance ends.
- » Upon death, disability, age 65 or Medicare entitlement, funds can be withdrawn for non-medical reasons without penalty, but the distributions will be subject to income taxes.

HSA Eligibility

To be eligible to open an HSA, employees must satisfy all of the following conditions established by the IRS:

- » Must be enrolled in a qualified high-deductible health plan.
- » Must not be claimed as a dependent on another person’s tax return.
- » Must not be enrolled in Medicare.
- » If the participant has additional health care coverage under another plan, either as an employee or as a dependent, this other healthcare coverage must also be a qualified high-deductible health plan or another qualifying type of plan. Please see IRS Publication 969 for more details, available from your local IRS office or on the IRS website at www.irs.gov/formspubs/index.html (Search for Publication 969).
- » Must not be enrolled in a Health Care Flexible Spending Account. If enrolled in a Flexible Spending Account (FSA), it must be a Limited Purpose FSA or Day Care FSA.

Please review the HSA Plan Q&As and HSA Plan Summary of Benefits available on the Employee Benefits Website for detailed information about the plan.





Dental Benefits | Direct Dental

Administered by Direct Dental, the Alliance dental plan provides in-network and out-of-network coverage for preventive care, minor and major restorative services, and orthodontia. You will receive a higher level of coverage - and reduce your out-of-pocket costs - when you see a DHA network dentist. All network dentists will file your claims for you. If you see a non-DHA dentist, you'll need to submit your receipts for reimbursement along with a claim form.

Dental Plan Highlights		
Calendar Year Maximum Benefit	\$3,000 per member	
Calendar Year Deductible	\$50 per person/\$150 per family	
Lifetime Maximum Benefit for Orthodontia	\$1,500 per member	
Covered Services	In-Network	Out-of-Network
Preventative and Diagnostic Services	Plan pays 100%; deductible waived	Plan pays 100%; deductible waived
Basic Restorative Services	Plan pays 90% after deductible	Plan pays 80% after deductible
Major Restorative Services	Plan pays 60% after deductible	Plan pays 50% after deductible
Orthodontic Services	Plan pays 50% after deductible	Plan pays 50% after deductible

- » 3 cleanings allowed every 12 months.
- » Out-of-Network services are paid according to 90% of Usual, Customary and Reasonable Fees. You will pay any amount that your dentist charges above this charge in addition to your share of the coinsurance.
- » To access the DHA provider directory, go to www.directdentalplans.com.
- » Review page 10 for your share of the cost in 2024. Your contributions are deducted bi-weekly on a pre-tax basis.

Plan	Vendor	Group #	Phone	Website
Dental	Direct Dental	CCA0114	855-844-0626	www.directdentalplans.com



Vision Benefits | VSP

The vision plan, administered by VSP, offers in-network and out-of-network coverage for comprehensive eye exams, lenses, frames, and contacts. The VSP plan allows you to see any licensed vision care provider; however, you minimize your out-of-pocket costs when you see a provider in VSP's network. Network providers will handle all paperwork for you. If you see a non-VSP provider, you will need to submit your receipts for reimbursement along with an out-of-network claim form. See the chart below for an overview of coverage.

Vision Plan Highlights		
Covered Services	In-Network	Out-of-Network
Well Vision Exam Copay	\$10	Plan pays up to \$50
Well Vision Exam Frequency	Every 12 months	
Prescription Glasses Copay	\$25	N/A
Lens Replacement Frequency	Every 12 months	
Single Vision	Plan pays 100% after copay	Plan pays up to \$50
Bifocal	Plan pays 100% after copay	Plan pays up to \$75
Trifocal	Plan pays 100% after copay	Plan pays up to \$100
Frame Replacement Frequency	Every 12 months	
Frame Allowance	Plan pays up to \$140	Included in lens allowance
Featured Frame Brands	Plan pays up to \$160	
Frame Discounts	20% discount on amount above allowance	
Contacts Frequency (instead of glasses)	Every 12 months	
Contact Allowance	\$140	Plan pays up to \$105

To access the VSP provider directory, go to www.vsp.com.

The Alliance pays 100% of the premium for employees. Review page 10 for your share of the cost for dependent coverage in 2024. Your contributions are deducted bi-weekly on a pre-tax basis.

Plan	Vendor	Group #	Phone	Website
Vision	Vision Service Plan	12-0743920001	800-877-7195	www.vsp.com

Employee Contributions for Health Care

The Alliance pays for a significant portion of the health plan premiums. The 2024 employee costs are shown below. These costs are deducted pre-tax on a bi-weekly basis*.

Anthem Blue Cross Classic HMO	Employee Pays Bi-Weekly
Employee Only	\$22.09
Employee + Spouse/DP	\$194.39
Employee + Child(ren)	\$158.97
Employee + Family	\$273.91
Anthem Blue Cross Classic PPO	Employee Pays Bi-Weekly
Employee Only	\$47.60
Employee + Spouse/DP	\$283.33
Employee + Child(ren)	\$231.81
Employee + Family	\$399.23
Anthem Blue Cross Classic PPO w/HSA	Employee Pays Bi-Weekly
Employee Only	\$14.38
Employee + Spouse/DP	\$126.94
Employee + Child(ren)	\$103.90
Employee + Family	\$178.94
Direct Dental	Employee Pays Bi-Weekly
Employee Only	\$6.59
Employee + Spouse/DP	\$12.10
Employee + Child(ren)	\$14.86
Employee + Family	\$18.03
VSP	Employee Pays Bi-Weekly
Employee Only	\$0.00
Employee + 1	\$2.53
Employee + Family	\$6.69

**Note: When you enroll your domestic partner or your partner's child in a medical, dental and/or vision plan, the IRS considers the Alliance contribution toward the additional coverage as your imputed income. The value of the domestic partner coverage is added to your income for tax purposes.*





Flexible Spending Accounts Navia Benefit Solutions

The Flexible Spending Accounts give you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars. You can save significantly on taxes as these amounts are deducted from your salary before tax withholdings are calculated. All participants receive a debit card to conveniently pay for eligible expenses throughout the year. These accounts are administered by Navia Benefit Solutions. There are three types of accounts:

Health Care FSA

Participants elect to set aside up to \$3,200 per year. You may use the account to pay for eligible out-of-pocket health care expenses for you and your eligible dependents.

Examples of qualified expenses include:

- » Copays, deductibles and coinsurance
- » Dental services
- » Vision exams and materials
- » Chiropractic and acupuncture

Limited Purpose Health Care FSA

IRS rules prohibit HSA Plan participants from having a regular Health Care FSA because HSA Plan participants are able to use their pre-tax health savings account (HSA) to pay for eligible out-of-pocket health care expenses, including dental and vision. They have the option to open a Limited Purpose FSA (LP FSA), which can be used to pay for additional dental and vision expenses only. Plan participants may elect to contribute up to \$3,200 in 2024 to an LP FSA. Examples of qualified expenses include:

- » Dental plan copays, deductibles and coinsurance
- » Dental cleanings and exams
- » Orthodontia
- » Vision plan copays and deductibles
- » Contact lenses and solution
- » Eye surgery and Lasik
- » Prescription sunglasses



Dependent Care FSA

Participants may elect to set aside up to \$5,000 per year or \$2,500 if you are married and file separately from your spouse. You may use the account to pay for eligible out-of-pocket dependent care expenses that you (and if applicable, your spouse) incur while working, looking for employment, or attending school full-time. Examples of qualified expenses include:

- » Preschool
- » After school care
- » Licensed day care facilities
- » Day camp
- » Elder care - for an adult dependent who is unable to care for themselves and lives at home at least six months of the year

Important FSA Rules

There are some important rules to keep in mind when enrolling in the FSA:

- » You are required to actively enroll every calendar year for every year you want to participate
- » Estimate your expenses carefully as you cannot stop or change the amount during the plan year unless there is a significant change in the family status such as marriage, divorce, birth, etc.
- » You must incur eligible expenses by the following deadlines for the 2024 plan year:
 - Health Care and Limited Purpose FSA - December 31, 2024
 - Dependent Care FSA - March 15, 2024
- » The Health Care FSA allows you to roll over up to \$640 to the next year
- » The deadline to submit a claim form for reimbursement for 2024 is March 31st of 2024. Funds remaining in your account after the deadline are forfeited per IRS regulations.

Plan	Vendor	Phone	Website
FSA	Navia Benefit Solutions	800-669-3539	www.naviabenefits.com



Life and Disability Benefits

We help people protect what matters most by helping to provide financial security and peace of mind when they need it most. This coverage is provided at no cost to you; however, as required by Federal tax law, the value of your company-paid life insurance coverage above \$50,000 is considered taxable income.

Life Insurance	Long Term Disability
Life Insurance benefit amount is equal to 1.5 times your annual salary up to \$215,000.	60% of your before-tax monthly salary to a maximum of \$12,000 per month.
AD&D benefit amount is equal to 1.5 times your annual salary up to \$215,000.	Benefits begin after a 90-day elimination period. The benefit is taxable.

Voluntary Short Term Disability Insurance

Employees who are interested in additional protection may purchase the Voluntary (Supplemental) Short Term Disability Plan, administered by Mutual of Omaha. After a one-week elimination period, the plan provides a 20% income replacement benefit to a weekly cap of \$2,500 for 12 weeks of disability. The 20% STD benefit is in addition to benefits received through State Disability Insurance benefits (SDI). Employees may only enroll in this benefit when they first become eligible for benefits and during the annual open enrollment period. Employees who enroll during the new hire window for enrollment may elect this plan without the need to provide evidence of insurability. Employees who enroll during a future annual open enrollment, will be required to undergo medical underwriting and a physical exam may be required.

This plan is a voluntary employee paid benefit. The cost is based on age and coverage amount. Payroll deductions are taken on an after-tax basis. See rates below.

Supplemental STD Plan Monthly Rates	
Age	Rate per \$10 of coverage
<25	\$0.25
25-29	\$0.79
30-34	\$1.46
35-39	\$1.01
40-44	\$0.41
45-49	\$0.26
50-54	\$0.32
55-59	\$0.36
60-64	\$0.51
65+	\$0.62

Exclusions

- » 3/6 Pre-Existing Condition
- » Intentionally self-inflicted injuries
- » Active participation in a riot
- » Loss of Professional License, Occupational License or Certification
- » Commission of a crime for which the employee has been convicted

- » War, declared or undeclared, or any act of war
- » Incarceration

The Supplemental STD plan includes a 3/6 pre-existing condition limitation. A pre-existing condition is any condition (whether diagnosed or not) for which an insured sought treatment, advice, care or services from a doctor, or for which he/she took prescription drugs or medicines within the 3 months before the individual's effective date of coverage. Benefits would not be payable for a disability due to a pre-existing condition, should the insured become disabled due to such pre-existing condition within the first 6 months of coverage.

Voluntary Life Insurance

Voluntary life insurance coverage, such as various term and universal life insurance products, are also available to employees and eligible dependents. You may enroll in this coverage at anytime. Contact Mutual of Omaha at 800-769-7159 for additional information.

Voluntary Accident Insurance

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses, and cover unpaid time off work. Coverage guidelines and benefits are outlined in the Mutual of Omaha plan summary.

Voluntary Critical Illness

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living. This policy gives your family the extra security they need to lessen the financial impact of a serious illness. Coverage guidelines and benefits are outlined in the Mutual of Omaha plan summary.



Headspace Care



In-the-moment Care For Every Emotion

Everyone deserves access to incredible mental healthcare.

That's why Headspace Care created the world's first integrated mental healthcare system where coaches, therapists, and psychiatrists work as a team to coordinate the best, personalized care right from your smartphone, whenever you need it.

It's like a virtual clinic without the waiting room.

Behavioral Health Coaching

Chat with a behavioral health coach live via text to receive personalized support for anxiety, depression, relationships, sleep and more. Get immediate help when you need it, or through regularly scheduled appointments.

Therapy & Psychiatry

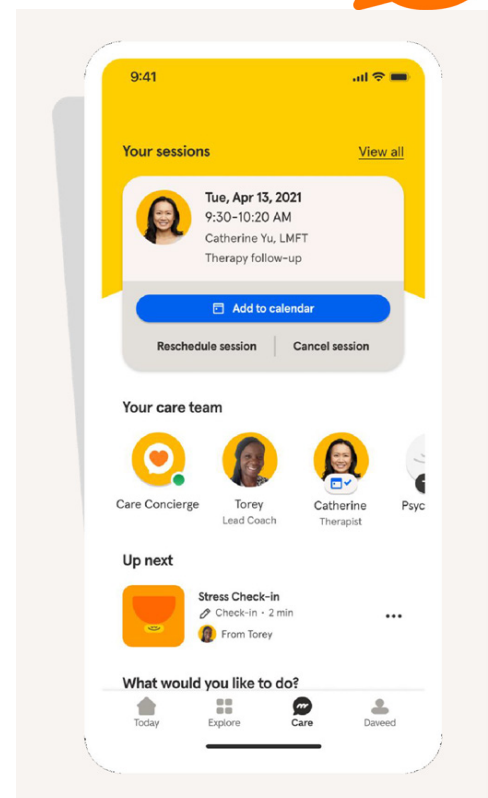
A licensed therapist or psychiatrist can be added to your care team if you need extra support. Therapy and psychiatry sessions are video-based and available evenings and weekends to fit your schedule.

Self-Guided Resources

Our library of clinically-validated resources includes activities, articles, classes, podcasts, and more. In-app content is tailored to your needs and available anytime to help you build skills and work towards your goals.

Here's how to sign up:

You can scan the QR code below or search for Headspace Care in the App Store or Google Play, and download it from there.





Health and Wellness

Your health and wellness is important to the Alliance. That's why we have a variety of programs available to help you stay healthy! The Alliance Health and Wellness Team promotes health by creating a culture of wellness through education, nutrition and exercise. The vision of the program is to create a workplace that encourages our employees and their families to be healthy in all facets of their lives.



Reimbursements

Health and Wellness Reimbursement

The Alliance promotes and encourages ongoing health and wellness by offering a health and wellness reimbursement benefit. The Alliance will reimburse employees a portion of fees for wellness-related programs such as:

- » Health and Fitness Club Membership
- » Fitness Classes
- » Nutrition and Weight Loss Consulting
- » Smoking Cessation Courses and Instruction

Employees may obtain reimbursement up to:

- » \$100 per rolling 12-month period for membership enrollment fees, and
- » \$40 per month for monthly membership fees.

Alliance Racer Sponsorship

In support of a healthy and fit workforce, the Alliance will pay up to \$20 per rolling 12-month period toward the registration fee for participation in a race event, such as a 5k, 10k, half-marathon, etc. One Santa Cruz, Monterey, Merced, San Benito or Mariposa County event per employee per year can be selected for this sponsorship. Employees also receive an Alliance racer shirt to wear at the race event.

Fitness

On-Site Fitness Center

Newly remodeled fitness centers located in our Scotts Valley, Salinas and Merced offices are available to all employees. The centers include cardio equipment, weight machines, free weights, and showers, and is open to Alliance employees only Monday through Friday.



Wellness360

Wellness360 offers a comprehensive wellness platform for all employees, offering a variety of challenges, resources, and friendly health-focused competitions to help build healthy habits and a healthy workplace. Employees can earn points and rewards too!



Retirement Plan | Mission Square Retirement

The Alliance provides a retirement plan for eligible employees administered by Mission Square Retirement. The plan has two accounts:

- » 457 Deferred Compensation Account - Employees may make their own contributions to this voluntary savings plan through payroll deductions. Participants elect to make contributions to the account on a pre-tax basis. The IRS annual limit for 2024 is \$23,000, with a \$7,500 catch up provision for people age 50 and above. Employees may enroll anytime in the plan and make changes anytime during the year.
- » 401(a) Account - After one year of service, the Alliance makes an additional contribution to a 401(a) account each pay period. The contribution is equal to 10% of the employee's gross pay each pay period. Employees are eligible and are fully vested in the retirement plan after one year of continuous employment with the Alliance.

For both accounts, participants can elect to invest the contributions in an array of mutual fund options. Contributions and earnings are not taxed until funds are withdrawn. Generally upon retirement.

Employees may conveniently enroll and manage their accounts online at www.missionsq.org

Plan	Vendor	Plan #	Phone	Website
Retirement Plan	Mission Square Retirement	457: 307041 401(a): 109493	800-669-7400	www.missionsq.org



Additional Benefits

The Alliance's comprehensive benefits also include programs and services to help you find a healthy balance between your work life and your personal life, advance your education and live well.

Paid Time Off (PTO)

Having time away from the workplace allows you to balance your professional and personal life. The Alliance offers Paid Time Off to be used for vacation, short-term illness and other personal business. Regular full-time employees working 40 hours per week are eligible for PTO according to the following schedule.

PTO Benefit by Years of Service*				
	0-3 years	4-5 years	6-10 years	11+ years
All Positions	23 days	25 days	28 days	31 days
Maximum Accrual Amounts	300 hours	400 hours	400 hours	400 hours

*For employees hired on or after 10/1/2023. Employees hired prior to 10/1/2023, please see Policy 101-1028 Paid Time Off.

Regular part-time employees are eligible for PTO on a pro-rated basis.

Employee Assistance Program

The Employee Assistance Program, offered through Mutual of Omaha, provides free counseling visits for confidential assistance in areas such as marriage and family, grief and loss, or substance abuse. All benefits-eligible employees and dependents are eligible for the EAP, even if not covered under an Alliance medical plan. The EAP services include:

- » Counseling services - up to 3 visits per rolling 6 months
- » Will preparation and financial planning services
- » Life planning financial and legal resources
- » Worldwide emergency travel assistance services
- » Web portal and mobile app with access to work-life balance articles, e-book, podcasts and other resources

Plan	Vendor	Phone	Website
Employee Assistance Program	Mutual of Omaha	800-316-2796	www.mutualofomaha.com/EAP

Holidays

The Alliance provides 12 paid holidays each year.

Bereavement Leave

The Alliance provides 3 days of paid bereavement leave for each immediate family member who dies.

Legal Services

The Legal Service Plan, administered by Legal Shield, is designed to meet the most common legal needs employees and their families encounter. Plan benefits emphasize preventive legal care to help keep minor problems from becoming serious - or financially devastating. The voluntary standard monthly membership includes coverage for the employee, their spouses, and unmarried children living at home. The plan includes unlimited telephone consultations regarding:

- » Wills
- » Traffic tickets
- » Divorce and other family problems
- » Business
- » Contracts and other legal papers
- » Real estate

You may enroll in the plan and cancel coverage anytime during the year.

Vendor	Phone	Website
Legal Shield	800-654-7757	www.legalshield.com

Tuition Reimbursement & Professional Development

This benefit offers employees \$3,000 annually towards tuition reimbursement or professional development for eligible coursework directly related to the employee's current position at the Alliance or degree program. Employees are eligible after their successful completion of the 90-day introductory period.

Employee Discounts

The Alliance offers an employee discount program called Access Perks. Access Perks is an employee discount program designed to save you money on everyday items, such as groceries and clothing, as well as travel, entertainment and more. Access Perks has both a website and mobile app, making it simple to use and easy to find discounts whether you are at home or visiting a new city.

The Alliance also partners with Working Advantage to offer additional discounts such as tickets to theme parks, sporting events, family events, online shopping and more. Contact Working Advantage to get started.

Vendor	Phone	Website
Access Perks	877-408-2603	ccah-alliance.accessperks.com
Working Advantage	800-565-3712	www.workingadvantage.com Member ID: 556210666

Costco Membership

Regular employees working 30 or more hours per week may receive up to \$60 reimbursement every year for their annual Costco membership.

Employee Referral Incentive Program

Employees who refer qualified candidates will be paid \$1,000 for standard positions or \$2,500 for difficult to fill positions.



Visit your benefits website for further detailed information at:

<https://mybenefits.cc/alliance/>



Acrisure Benefits Team

Email: teamohara@filice.com

This summary is not intended to provide a complete plan description. If there is an actual or apparent conflict between this benefit summary or the Evidence of Coverage (EOC) booklet and the official plan documents, the provisions of the EOC prevail.

IMPORTANT: All official documents relating to the Central California Alliance for Health Employee Benefits Program, including the Evidence of Coverage (EOC) booklets, HIPAA Privacy Notice, Initial COBRA Notice, Medicare Part D Notice and any other relevant Plan Documents or Notices, are available electronically through the Central California Alliance For Health benefits website. You may also receive a paper copy of any of the documents by contacting HR.

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