



**BOYS & GIRLS CLUBS**  
OF SAN LEANDRO



**2023**  
**2024**

# *Summary of Benefits*

## About This Guide

The Boys & Girls Club of San Leandro provides comprehensive employee benefits as part of our total compensation program. Employees have the opportunity to choose benefit plans that offer protection, flexibility and security to their personal lifestyle. Your choices will be in effect for the plan year, and you will only be able to make changes during the plan year if you experience a qualifying life event.

## Benefits Eligibility

Benefit-Eligible employees may enroll first of the month following their date of hire. Benefit-Eligible employees will automatically be enrolled in the basic life, and long term disability insurance. Employees who waive coverage have the opportunity to enroll in our benefit plans during our annual open enrollment and/or if you experience a qualifying life event.

## Medical Plans

Boys & Girls Club of San Leandro offers six HMO medical plan options through CaliforniaChoice, including Kaiser, Sutter Health, and United Healthcare (UHC).

**UHC:** Available to all California employees. Select a doctor in UHC's Harmony network that will manage your care.

**Sutter Health:** Available to all California employees. Select a doctor in Sutter Health's network that will manage your care.

**Kaiser Permanente:** Available to all California employees. Select a doctor in Kaiser's regional network that will manage your care.



Medical Plan Features IN-NETWORK	UHC Gold Harmony HMO N	UHC Silver Harmony HMO F	Sutter Health Plus Gold HMO B	Sutter Health Plus Silver HMO B	Kaiser Gold HMO B	Kaiser Silver HMO C
Calendar Year Deductible: Per Person Per Family	\$500 \$1,000	\$2,400 \$4,800	\$250 \$500	\$2,500 \$5,000	\$250 \$500	\$2,500 \$5,000
Annual Out-of-Pocket Max: Per Person Per Family	\$8,000 \$16,000	\$9,100 \$18,200	\$7,800 \$15,600	\$8,750 \$17,500	\$7,800 \$15,600	\$8,750 \$17,500
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0
Office Visits: PCP Specialist	\$35 \$70	\$60 \$95	\$35 \$55	\$55 \$90	\$35 \$55	\$55 \$90
Lab/ X-ray	\$40 / \$40	\$45 / \$45	\$35 / \$55	\$55 / \$90	\$35 / \$55	\$55 / \$90
Hospital Medical Services: Inpatient Outpatient	20%* 20%*	40%* 40%*	\$600/day* (up to 5 days) \$300*	40%* 35%*	\$600/day* (up to 5 days) \$335*	40%* 35%*
Mental Health: Inpatient Outpatient	20%* \$35	40%* \$60	\$600/day* (up to 5 days) \$35	40%* \$55	\$600/day* (up to 5 days) \$35	40%* \$0
Telamedicine eVisit	\$0	\$0	\$0	0%*	\$0	\$0*
Urgent Care	\$35	\$60	\$35	\$55	\$35	\$55
Emergency Room	\$500*	40%*	\$250*	30%*	\$250*	30%*
Prescription Drugs (Rx): 31 day Supply Rx Deductible	\$100/\$200	\$400/\$800	N/A	\$300/\$600	N/A	\$370/\$740
Tier 1	\$15	\$20	\$15	\$19	\$15	\$19
Tier 2	\$50**	\$80**	\$40	\$85**	\$40	\$85**
Tier 3	\$100**	\$125**	\$70	\$110**	\$40	\$85**
Tier 4	\$25% up to \$250**	\$25% up to \$250**	20% up to \$250	30% up to \$250**	20% up to \$250	30% up to \$250**

\* = calendar year deductible applies

\*\* = calendar year Rx deductible applies

# Dental Plan



Dental coverage is offered through Principal for all eligible employees and their dependents. With your PPO plan, you pay less out-of-pocket when you select an in-network Principal provider. This also ensures Principal dentists won't balance bill you the difference between the contracted amount and their usual fee. Please note if you visit an out-of-network provider you will be balanced billed.

Services	In-Network	Out-of-Network
Calendar Year Deductible: Individual		\$50
Family		\$150
Preventative: Cleanings, Exams, X-Rays	100%	100%
Basic Services; Fillings, Simple Extractions, Root Canals	90%	90%
Major Services: Crowns, Bridges, Implants	60%	60%
Calendar Year Maximum		\$2,000
Out-of-Network Reimbursement		90% Usual and Customary

**Non-participating dentists can bill you for charges above the amount covered by your dental plan (balance billing). To maximize your benefits, we encourage you to visit a participating provider.**

# Vision Plan



Vision coverage is offered through Principal for all eligible employees and their dependents. Principal's network of doctors are located in rural and metropolitan areas throughout the nation. Principal doctors provide both eye exams and eye wear, making for a convenient "one-stop" means of obtaining eye care benefits.

Services	In-Network	Out-of-Network
Exam: Every 12 months	\$10 copay	Up to \$45
Frames: Every 24 months	\$150 allowance	Up to \$70
Lenses: Single, Bifocal, Trifocal Every 12 months	\$25 copay	Up to \$30-\$100
Contact Lenses in Lieu of Eyeglasses Every 12 months	\$150 allowance	Up to \$210

# Life AD&D and Disability



All benefit eligible employees are automatically enrolled in Basic Life and AD&D and Long Term Disability coverage through Principal. These benefits are 100% employer paid. In the event that you suffer a long-term disability that prevents you from working, the long-term disability plan will supplement a portion of your income to help you with your financial obligations.

PLAN OFFERED	BENEFIT AMOUNT
Group Life/AD&D	Employee: Flat \$50,000
Long Term Disability	60% to \$6,000 per month Elimination Period: 90 days



# Employee Assistance Program



Life's challenges don't always happen during regular business hours. You have 24/7 access to your EAP

## Employee Assistance Program:

- In-person or virtual counseling (3 counseling sessions per year)
- Financial wellness (3 free 30 minutes consultations)
- Legal, financial, and identity theft services (Receive a free 60 minute consultation)
- Work-life web services (include webinars, live talks, read articles)





# Flexible Spending Accounts (FSA)



Eligible employees may enroll in the employer sponsored FSA plan administered through The Advantage Group (TAG). You may make pre-tax contributions to your FSA account and use the funds for eligible health and family care expenses approved by the IRS. Please note that the FSA plans run on a calendar year **January 1 - December 31**. Only \$640 dollars may be rolled into the next plan year. Budget wisely!

**Health Care FSA** - You may set aside up to \$3,200 annually to use on eligible expenses, including physician fees, deductibles, copayments, dental and vision expenses. Refer to the TAG [list of eligible expenses](#).

**Dependent Care FSA** - You may set aside up to \$5,000 per household annually to use on eligible dependent care expenses. If you are married and filing separately, you may set aside up to \$2,500 annually. Refer to the [TAG Dependent Care](#) page for more information.

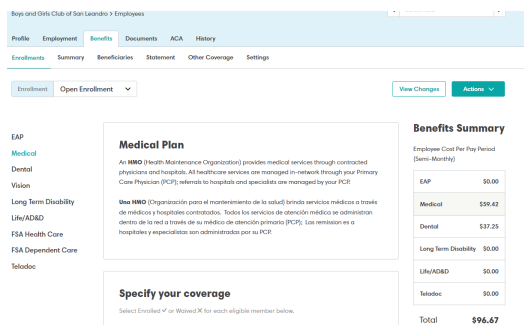
**Commuter and Parking** - You may set aside \$315 per month towards qualified parking expenses, and \$315 per month towards [transit expenses](#).

## Online Enrollment



Ease is BGCSL's benefits enrollment system. Ease allows you to view all benefit options and make benefit elections for you and your family. The process is paperless, and you can access your benefits anywhere a computer is available. You will receive an email with a link to access Ease Open Enrollment, where you may view plan details, coverage amounts and costs.

You can access Ease directly at [bgcsl.ease.com](http://bgcsl.ease.com) or through the benefits website created for BGCSL.



## Benefit Website

A personalized benefits website has been created for employees: <https://mybenefits.cc/bgcsl/>

This website houses direct links to all the carriers' web sites, group numbers, detailed plan descriptions, and contact information. You can search for in-network doctors and dentists by following the links to directories for each carrier.

All documents relating to the Employee Insurance Benefits Program, including the Summary Plan Descriptions, HIPAA Privacy Notice, General COBRA Notice and any other relevant Plan Documents or Notices, are available to employees and their dependents electronically through the benefits website. You may receive a paper copy of any of the above documents free of charge by contacting the Human Resources department.

Carrier / Vendor	Group Number	Phone	Website
CalChoice:			
UHC	24492	800-558-8003	<a href="http://www.calchoice.com">www.calchoice.com</a>
Sutter Health			
Kaiser			
Principal: Dental	1120345	800-877-7195	<a href="http://www.principal.com">www.principal.com</a>
Principal: Vision	1120345	800-877-7195	<a href="http://www.principal.com">www.principal.com</a>
Principal: Life/AD&D & LTD	1120345	800-877-7195	<a href="http://www.principal.com">www.principal.com</a>
Principal: Employee Assistance Program	access code: Principal Core	800-450-1327	<a href="http://member.magellanhealthcare.com">member.magellanhealthcare.com</a>
The Advantage Group (TAG): FSA & Commuter	BGCSL	877-506-1660	<a href="https://enrollwithtag.healthcareportal.com">https://enrollwithtag.healthcareportal.com</a>
Acrisure Service Team			
Sara Packard		925-299-7213	<a href="mailto:spackard@acrisure.com">spackard@acrisure.com</a>
Kylie Contreras		925-592-5130	<a href="mailto:kcontreras@acrisure.com">kcontreras@acrisure.com</a>

If you have eligibility questions or unresolved claim issues and need assistance, please contact your Human Resources department, or your Acrisure Services Team noted above. This summary is intended for reference only. Please refer to your official plan documents for more information.

