

Summary of Employee Benefits











Plan Year



What's New for 2024?

At Compass Family Services, we recognize that our employees play a key role in our success. We review our benefits annually to ensure that our benefit offerings continue to meet the needs of our employees as well as our organization. Benefits-eligible employees have the opportunity to enroll in our benefit plans during our annual Open Enrollment. You may make changes to your benefits, or add or drop your dependents during this time. New hires are able to review and enroll in benefits within 30 days of employment. Outside of Open Enrollment, employees cannot make changes to their benefit elections unless a Qualifying Event occurs.

KAISER PERMANENTE®		Kaiser HRA Plan	
Services	In-Network	Things You Should Know	
Deductible Individual Family	\$2,500 \$5,000	This is the amount you must pay before the plan begins to pay. You could be eligible to have this covered entirely by Compass!	
Deductible Accumulation	For employees with family coverage, once an individual member reaches their individual deductible, benefits will be paid.		
Annual Employer HRA Fund Individual Family	\$2,500 \$5,000	Compass Family Services provides employees with a High Deductible Health Plan (HDHP) works in conjunction with a Health Reimbursement Arrangement (HRA).	
Annual Out of Pocket Maximum Individual Family	\$5,000 \$10,000	This is the most you will pay in out-of-pocket expenses in one year. This includes copays, deductible and coinsurance.	
Office Visit Copays Plan Pays 100%! Preventive Care Primary Care Specialty Care	\$0 \$20 (after deductible) \$20 (after deductible)	Some examples of Preventive Care are: Routine Physicals, Well-Child Exams, Prenatal Care, and Immunizations.	
Lab and X-Ray	\$10 per encounter (after deductible)	Cost sharing only applies for non-preventive labs and x-rays.	
Urgent Care	\$20 (after deductible)	Includes exam and treatment.	
Emergency Services Emergency Room Ambulance	20% (after deductible) \$150 per trip (after deductible)	If you find yourself in an emergency situation, go to the nearest hospital, even if it's a non-Kaiser facility.	
Hospital Services Inpatient	20% (after deductible	Includes room & board, surgery, anesthesia, x-rays, labs and drugs.	
Outpatient	20% (after deductible)	Outpatient surgery and certain other outpatient procedures	
Prescription Drugs (Rx)	Generic: \$10 Brand Name: \$30 (30-day supply)	The plan deductible does not apply to the prescription benefits. You may use your HRA dollars towards prescription drug coverage.	
Mail-Order	Generic: \$20 Brand Name \$60 (100-day supply)		
Chiropractic Care Office Visit Kaiser contracts with American Specialty Health (ASH) to make the ASH network of Chiroprators availble to you.	\$15 (30 visits per year)		

Dental and Vision Plans

DIRECT

Annual Benefit Maximum

DENTAL **DENTAL PPO Plan Pays Employee Pays Benefit Coverage** \$25 per person applied after the first \$250 of **Annual Deductible** dental expenses each year. 100% of the first \$250 \$250 \$0 \$25 Deductible \$0 \$25 80% of the next \$200 \$160 \$40 50% of the remaining balance \$590 \$590 **Total Care Costs** \$1,000 \$655 50% with a lifetime maximum of \$1,000 Orthodontics: Children up to age 19 \$1,000

Direct Dental's Member Web Portal: All members of Direct Dental have access to an online benefit portal which allows for secure 24/7 self-serve access.

Members can:

- View Explanation of Benefits
- View Claim Status
- Download Complete Benefit Information
- Print Temporary ID Card
- View Proof of Coverage
- Contact Direct Dental Via Secure Email

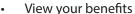
www.directdentalplans.com

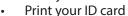
The Asp Nave... access to the Dental Health Alliance (DHA) PPO Network. You may see any provider; however, this plan has access to the DHA network. When you visit a DHA provider, you will receive a discount of up to 30% off your dental fees.

Per Person

	VISION		
Services	Copay/Allowance	Benefit Limitation	
Exam	\$10 Every 12 months		
Frames	\$130 Allowance Every 24 months Plus 20% Discount		
Prescription Glasses	\$25	Every 12 months	
Lenses	Included in prescription glasses	Every 12 months	
Contacts (instead of glasses)	\$130 Allowance	Every 12 months	

Online tools for members:



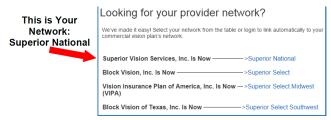




Locate a Provider

Superior Vision

www.superiorvision.com



Compass offers all benefits-eligible employees a group term Life/AD&D and Long Term Disability (LTD) plan, available through Mutual of Omaha. These benefits are paid 100% by your employer.

PLAN OFFERED	BENEFIT AMOUNT	
Group Term Life/AD&D	For You: \$25,000	
	In the event of death, the benefit paid will be equal to the benefit	
	amount after any age reductions less any living care/accelerated	
	death benefits previously paid under this plan.	
	Insurance benefits and guarantee issue amounts are subject to age	
	reductions:	
	- At age 65, amounts reduce to 65%	
	- At age 70, amounts reduce to 50%	

PLAN OFFERED	BENEFIT AMOUNT		
Long-Term Disability	50% of salary up to \$5,000 per month		
	Elimination Period: 180 days		
	LTD benefits are coordinated with state disability insurance		
	Maximum Benefit Period: If you become disabled prior to age 65,		
	benefits are payable for five years. At age 65 through 68, benefits are		
	payable to age 70 for at least one year. At age 69 (and older),		
	benefits are payable for one year.		

Also Available...

Employee Assistance Program:

- · Available to your family members too!
- 24/7 toll-free access to EAP professionals
- Personal, professional, and legal matters
- Fersonal, professional, and legal mat
- Financial consultation
- Free legal consultation up to 30 minutes with a lawyer

(800) 316-2796 Available 24 hours a day, 7 days a week

Worldwide Travel Assistance Program (100+ miles from home)

- Available to your family members too!
- Pre-trip assistance
- Immediate assistance with emergencies while traveling
- Medical assistance
- ID Theft Assistance
- Available for travel up to 120 days

U.S. (800) 856-9947 Outside the U.S. - call collect (312) 935-3658



How to Use Your HRA Debit Card

Accessing funds in your HRA is easy! You will be provided with a debit card that is valid for the deductible, prescription services at Kaiser facilities and Chiropractic services at American Specialty Health Chiropractic providers only. Do not attempt to use your card at other facilities, for non-eligible expenses, or for merchants as it will result in your card being frozen and the HRA account deactivated. Your HRA card is pre-loaded with your deductible funds. Visit https://mybenefits.cc/compass/ for full details.

Accessing Your HRA Web Portal

Marin Benefits administers your HRA. You may submit your Kaiser Explanation of Benfits (EOB) for reimbursement, if you pay for eligible expenses using cash, check or other credit card. You do not want to send a Kaiser invoice to Marin Benefits, only a Kaiser EOB. If you need a copy of your Kaiser EOB, you can call the Kaiser Deductible Product Service Team at 800-390-3507 and request it. You can set up an account at Marin Benefits (see the link/instructions below to access the web portal for the Kaiser HRA plan):

mywealthcareonline.com/marinbenefits

To set up a new account, click on the Participant Log In, select Create Account, enter your Name, Employee ID (Social Security Number without dashes) and Employer ID: **MBICCS**. Then change your Employee ID and create a new password. You may use the participant portal to check your balances and plan payments, update your personal information or to report a lost or stolen card.

Important Benefit Contact Information					
Carrier / Vendor	Group Number	Phone	Website		
Kaiser Medical	7291	800.464.4000	www.kp.org		
Marin Benefits Health Reimbursement Account (HRA)	MBICCS	415.526.1401	www.marinbenefits.com		
ASH Chiropractic	N/A	800.678.9133	www.ashcompanies.com/kp		
Direct Dental	CCS0106	855.844.0626	www.directdentalplans.com		
Superior Vision	34408	800.507.3800	www.superiorvision.com		
Mutual of Omaha Group Term Life/AD&D Long-Term Disability	G000AKLG	800.655.5142	www.mutualofomaha.com		
Mutual of Omaha EAP Employee Assistance Program		800.316.2796 24 hours a day / 7 days a week	www.mutualofomaha.com/eap		
Mutual of Omaha Travel Assistance Program & ID Theft Assitance		U.S. (800) 856-9947 Outside the U.S., call collect (312) 935-3658	www.mutualofomaha.com		
Acrisure Client Services Manager Ana Fisher	:	925.592.5139	afisher2@acrisure.com		

your Human Resources department, or your Acrisure Client Services Manager noted above

For detailed plan summaries and descriptions of your benefit plans or to find a provider visit:

https://mybenefits.cc/compass/

This summary is intended for reference only. Please refer to your official plan documents for more information.