

EAH

A NONPROFIT
HOUSING CORPORATION



employee benefits guide

2025

CALIFORNIA

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Welcome to Your Benefits!



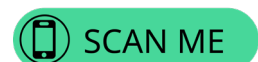
Our Mission

The mission of EAH Housing is to expand the range of opportunities for all by developing, managing and promoting quality affordable housing and diverse communities.

Thank you for being a part of EAH Housing. It is only through the hard work and dedication of our employees that we are able to make a difference in so many communities throughout California and Hawaii. In recognition of your efforts, EAH provides employees with a competitive and comprehensive benefits package designed to meet the needs of you and your family. It's our goal to ensure that you have the resources to develop and succeed in both your career and your personal life.

This guide provides an overview of EAH's benefits. We encourage you to review the information in this guide before making your benefit elections.

This guide only provides highlights of the benefits offered at EAH. If there are inconsistencies between this document and the legal plan documents, the legal plan documents will govern. All legal plan documents and notices, such as the Summary of Benefits and Coverage (SBC), Summary Plan Description (SPD), HIPAA Privacy Notice and carrier-issued policy documents are available electronically on the [EAH Employee Benefits Website](#) or by scanning the QR code to the right. You may request a printed copy of the Plan Documents by contacting Human Resources. A copy will be provided to you free of charge.



BENEFITS ELIGIBILITY & HOW TO ENROLL



Benefits Eligibility Requirements

If you work 20 hours or more per week, you are eligible to enroll in EAH's benefits.

EAH employees who work 20 hours or more each week are eligible for benefits effective on the first of the month following 30 days of employment. The benefit elections that you make when you are hired or during annual open enrollment are effective for the entire plan year unless you experience a Qualifying Event (marriage, birth, adoption, or loss of coverage).

EAH holds an annual Open Enrollment. During that time, you can make changes to your benefit plan elections such as adding or deleting your spouse or domestic partner, your dependents and/or changing health plans.

Making Changes to Your Benefits

If you experience a Qualifying Event after open enrollment, you must notify Human Resources within 30 days of the date of the event. Otherwise, you will be required to wait until the next Open Enrollment to make any changes to your benefit plan elections.

For additional information regarding making changes to your benefits, contact Human Resources.

Eligible Dependents

You may cover your dependents under many of the benefit plans as long as they are one of the following:


1. *Your spouse or domestic partner*
2. *Your child(ren) up to age 26 regardless of student or marital status*
3. *A dependent child, regardless of age, who was covered under the plan prior to reaching age 26 who is incapable of self-support. See policy documents for full information.*



How Do I Enroll in Benefits?

New hires will receive instructions from Human Resources regarding the enrollment process through the online benefits enrollment system, UKG. Existing employees will use also UKG to request changes due to a midyear qualifying event and during the Open Enrollment period.

Within UKG, you can enroll yourself and eligible dependents in the plans that fit you and your family best. We have resources to help every step of the way! For additional assistance/questions please contact your Human Resources team. A contact list can be found on [page 37](#).

Tip: Look for the  symbol throughout this guide. You will find highlights and key takeaways for you to know / think about that are important for you to know to fully understand your EAH benefits.



EAH WELLNESS PROGRAM

Vitality

EAH has partnered with Vitality, providing members with free personalized tools for tracking activities, staying inspired, and earning rewards. *Our voluntary wellness program is an incentive based wellness program that empowers people with the tools necessary to reach their optimal health.*

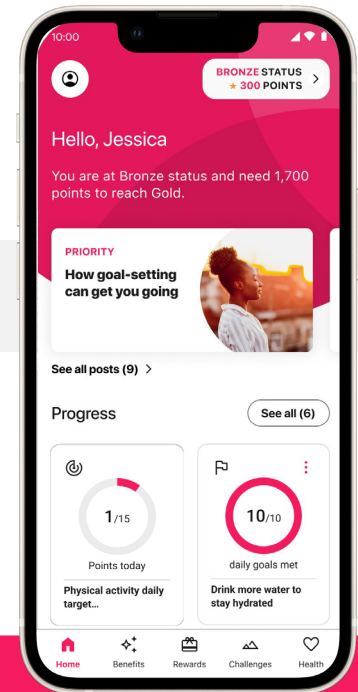
We all know that our personal health is impacted by the choices we make. We may not realize that our choices also impact the cost of health care: not only personal costs, but the costs of all those covered under the plan. At EAH, we encourage healthy behaviors and reward healthy measures in order to spread the cost of health care coverage more fairly.



Powering up with Vitality

Vitality helps you be the healthiest you can be for yourself and those you love. Whatever your goals are, Vitality provides a range of tools and resources to navigate your way to a healthier you. Including:

- Access your personalized journey based on your current health status and preferences
- Link a health tracker to sync your activity
- Create and track goals on a variety of health topics
- Access health content and educational tools relevant to your focus areas
- Stay motivated and get rewarded by earning points and achieving a status



Get started on January 1 by registering on PowerofVitality.com or on the Power of Vitality app. Contact wellness@powerofvitality.com or 877-224-7117 for assistance.

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DEDUCTIBLE INCENTIVE

Vitality & Your Medical Deductible

EAH offers significant deductible funding towards your UMR or Kaiser medical plan deductible for your participation in the EAH Wellness Program through Vitality. You have 11 months each year to participate and earn points. All medical plan participants receive Base deductible funding. You have two options for completing the program requirements. Your deductible funding will be available the following January 1st.


OPTION 1— REQUIRED ACTIVITIES

 This option **does not** require the use of a fitness device to earn your funding.

- #### Required Activities
1. Complete the Health Assessment
 2. Complete the Biometric Screening

OPTION 2— REQUIRED POINTS

Complete activities within Vitality totaling at least **2,500** points. Pathway to Silver, illustrated below:

 This option **does** require the use of a fitness device or a smart phone (based on activity chosen) to earn your funding.

Activity	Points	
Complete Onboarding Assessment	75 Points	
Complete the Health Assessment	500 Points	
Bonus for completing Health Assessment in first 90 days	250 Points	
Complete a Biometric Screening/Annual Physical	500 Points	
Have Blood Pressure, Glucose, OR Cholesterol in range	600 Points	
Submit proof of a Dental Screening	200 Points	
Complete 30 days of Standard Workouts (Submit At Home Workouts via Gym Workout Tab!)	300 Points	
Complete 3 Action Sets or Decision Points	150 Points	
Set and check into one goal 6 times	90 Points	
Congratulations – You've reached Silver Status!	2,625 Points	

*Based on the Status you ended Go365, you will be awarded KickStart Points (Bronze = 100, Silver = 250, Gold = 500, Platinum = 1,000)
 *Vitality automatically awards you a Kick Start Bonus equal to 10% of your points earned in the past year.
 For example, if you earn 6,000 points by 12/31/2024, Vitality will reward you with 600 bonus points to start the year on 1/1/2025!

The deadline to complete Option 1 or Option 2 to earn your funding for the 2025 plan year is **November 30, 2024.**

If you do not participate in the program you will receive Base Funding towards your medical deductible in 2025. See funding amounts listed below.

Participation Award	Employee Only	Employee + 1 Dependent or More
Base Funding	\$1,500	\$3,000
Enhanced Funding—using Option 1 or Option 2 above	\$3,000	\$5,000

DEDUCTIBLE INCENTIVE (continued)

2025 New Hires:

The deductible contribution from EAH is prorated for new hires.

- For the 2025 plan year, if your benefits start January 1 - June 1, you will receive the enhanced deductible funding for the current year. If your benefits start July 1 - December 1, you will receive the base deductible funding for the current year. All 2025 new hires earn funding for the 2025 plan year based on their wellness participation levels in Vitality from January 1, 2025 - November 30, 2025.
- For new hires whose benefits start October 1, 2025 or later, you only need to get to complete the Health Risk Assessment by November 30, 2024 to get enhanced deductible funding for 2025.

Please note that the funding level is subject to change and is dependent upon the available medical options and plan designs effective January 1, 2025

GETTING STARTED



Sign in to PowerofVitality.com or through the Power of Vitality App



Connect your fitness device and app



Start earning points!

Have some healthy fun.

Earn **Bucks** you can use in the Vitality Mall for e-giftcards from Amazon.com, Target, Lowe's and Spafinder, the latest activity trackers from Garmin and Fitbit, and more.



E-gift cards

Get gift cards to your favorite places to shop, such as Apple iTunes, Walmart, Amazon and more.



If you need help getting started contact:

Angie Alvarado
(415) 295-8877
angela.alvarado@eahhousing.org

MEDICAL PLAN OPTIONS



UMR and Kaiser

EAH employees can choose to enroll in either our UMR or Kaiser medical plan options. EAH offers two High Deductible Health Plans (HDHPs). For most hospital and doctor services, members must pay the full cost of these services until the deductible is satisfied. These plans are accompanied by a special Health Reimbursement Arrangement (HRA). An HRA is an account owned by EAH. EAH deposits money into the HRA for you to use to pay for your medical plan deductible expenses. An HRA provides first dollar coverage – the funds are available on January 1st for you to use towards your medical deductible expenses. Each year, EAH will provide you with deductible funding based on your participation in the wellness program (refer back to page 8 for details).

UMR HRA: The UMR plan offers flexibility in choosing a network of doctors. UMR members have the flexibility to choose from both in- and out-of-network providers. However, medical benefits are paid at a higher level when services are provided through doctors in the UnitedHealthcare Choice PPO network.

Kaiser: As a member with Kaiser you may receive medical care at any Kaiser facility in your area. The Kaiser plan requires that members select a Primary Care Physician (PCP). Your PCP works with you to coordinate your health care needs. Kaiser members have access to medical services and doctors only through Kaiser facilities.

Medical Services	UMR		Kaiser
	In-Network: Choice Plus	Out-of-Network	Network Only
Individual Calendar Year Deductible	\$3,000	\$9,000	\$4,000
Family Calendar Year Deductible	\$6,000	\$18,000	\$8,000
Individual HRA Contribution from EAH	\$1,500 - \$3,000		
Family HRA Contribution from EAH	\$3,000 - \$5,000		
Individual Out of Pocket Max.	\$5,000	\$15,000	\$6,500
Family Out of Pocket Max.	\$10,000	\$30,000	\$13,000
Office & Specialist Visits	20% after deductible	50% after deductible	20% after deductible
Preventive Care	No charge	No coverage	No charge
Diagnostic Lab, X-Ray	20% after deductible	50% after deductible	20% after deductible
Complex Radiology (CT, MRI, PET) *Requires pre-authorization	20% after deductible	50% after deductible	20% after deductible
Inpatient Hospital	20% after deductible	50% after deductible	20% after deductible

Medical Services	UMR		Kaiser
	In-Network: Choice Plus	Out-of-Network	Network Only
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible
Urgent Care	20% after deductible	50% after deductible	20% after deductible
Emergency	20% after deductible		20% after deductible
Prescription (Rx) Drug Coverage: 30-day Supply when filled at an In-Network Pharmacy			
Tier 1 (Generic)	\$10 after deductible	\$10 after deductible	\$10
Tier 2 (Preferred Brand Name)	\$35 after deductible (\$150 specialty Rx)	\$35 after deductible (\$150 specialty Rx)	\$30
Tier 3 (Non-Preferred Brand Name)	\$70 after deductible (\$250 specialty Rx)	\$70 after deductible (\$250 specialty Rx)	\$30
Tier 4 (Specialty)	Included in Tiers 2 & 3	Included in Tiers 2 & 3	20% (\$200 max per fill)
***Qualifying Medications	\$0!	N/A	N/A

UMR Prescription Benefits: Brought to you by SmithRx

SmithRx is the Pharmacy Benefits Manager (PBM) for your UMR medical plan. PBMs administer your prescription drug benefits.

SmithRX partners with over 83,000 pharmacies nationwide including CVS, Costco, Walgreens and Walmart. For mail-order pharmacy and Specialty medications, you will need to use one of SmithRx's partners:

Retail Network	    
Mail Network	 
Specialty Pharmacy	 

>>>>Get Your Qualifying Medications at NO COST!<<<<<

If you're taking a qualifying drug, you may hear from SmithRx about additional cost savings programs.

These programs can help you achieve \$0 copays on expensive drugs and help your pharmacy plan save.

Prescription information and qualifying drug list can be found: <https://mybenefits.cc/eah/>

HOW TO ACCESS YOUR HEALTH REIMBURSEMENT ACCOUNT DOLLARS

Marin Benefits

Your HRA administrator is Marin Benefits. Marin Benefits is a third party vendor that manages the HRA accounts for medical plan participants. When you enroll in an EAH medical plan, an HRA is opened in your name and a debit card is issued to you for your use when paying for eligible plan expenses. EAH funds the HRA at the start of each year. The contribution amount is dependent upon your participation in Vitality.

Your Marin Benefits Debit Card - MAKE SURE YOU HAVE ONE!

Accessing your HRA funds has never been easier! You will be provided with a debit card and any dependents age 18 and older who are enrolled in the HRA medical plan will also be issued a card. The card is valid at in-network facilities only. Do not attempt to use the card at other facilities or for non-eligible expenses as it could result in your card being frozen and/or your HRA to be deactivated. Your card is pre-loaded with your HRA funds.



Submitting Your Claims

If you did not use your debit card for a medical service that is eligible for reimbursement through the Marin Benefits HRA, you can submit a manual claim, you have three options for submitting your claim:

1. Online: www.mywealtheonline.com/marinbenefits
2. Fill out a Claim Form, attach proper documentation and fax to:
Fax: 415-454-2928
3. Fill out a Claim Form, attach proper documentation and mail to:
6366 Commerce Blvd, Suite 293
Rohnert Park, CA 94928

You can download a Claim Form by visiting <https://mybenefits.cc/eah/> under the Forms section. See pages [16-17](#) and [20-21](#) for instructions on how to download the required documentation to submit along with your claim.



Managing your HRA

We highly encourage employees to register online at the link above to best manage their HRA. Registering on the Marin Benefits participant portal allows you to check your HRA plan balance, transaction history, submit claims online and much more! To register you will need the following information:

Employee ID: Your Social Security Number

Employer ID: MBIEAH

MARIN BENEFITS ADMINISTRATORS Homepage SIGN IN REGISTER

Take Advantage of all the Resources
Designed with you in mind, the Marin Benefits Member Portal offers you an enhanced online experience. Our simple navigation features allow you to quickly and easily manage your claims and reimbursements, and provides the tools and resources you need to get the most value from your Health Reimbursement Arrangement (HRA).

If you have any questions or need assistance, please contact Marin Benefits Client Services at (415) 526-1401 or email us at helpdesk@marinbenefits.com.

TRY OUR MOBILE APP
Available on the Google play App Store

ESTIMATING YOUR MEDICAL COSTS FOR THE YEAR

To help you figure out your bottom line, consider the examples of fictional employees on the following pages. See what they discovered when comparing costs between health care programs. All examples assume the employee receives care at in-network facilities from in-network providers.

Meet Marc

Age: 30

Employee Only Coverage

Marc has always been active and in good health. Aside from a cold or cough every once, in a while he typically does not have many prescriptions to fill. Marc assumes he will remain healthy in the next year. Unfortunately, Marc breaks his arm playing soccer midway through the year and ends up in the ER. Here's what each of the EAH plans could look like for Marc under these circumstances:

	UMR HRA - BASE	UMR HRA - ENHANCED	KAISER HRA - BASE	KAISER HRA - ENHANCED
Premium Cost: Employee Only Coverage	\$0.00 x 12 months = \$0.00	\$0.00 x 12 months = \$0.00	\$0.00 x 12 months = \$0.00	\$0.00 x 12 months = \$0.00
EAH's contribution to Marc's HRA	(\$1,500)	(\$3,000)	(\$1,500)	(\$3,000)
Marc's Deductible after EAH's HRA Contribution	\$1,500	\$0	\$2,500	\$1,000
During the year, Marc gets his annual physical (cost \$200)	Preventive Care is covered at 100%. Marc pays \$0.			
Marc visits his doctor twice during the year for a sinus infection (cost \$100 each, \$200 total)	Marc uses EAH's HRA contribution to pay the \$200 of annual deductible expenses.	Marc uses EAH's HRA contribution to pay the \$200 of annual deductible expenses.	Marc uses EAH's HRA contribution to pay the \$200 of annual deductible expenses	Marc uses EAH's HRA contribution to pay the \$200 of annual deductible expenses
Marc visits the Emergency Room for his broken arm. Facility charges (use of ER) is \$2,000. Charges for the doctor's services are \$800.	Marc uses the remainder of EAH's HRA contribution to pay the \$1,300 of the remaining deductible expenses. Remaining balance is \$700 for facility and \$800 for doctor services. Marc has exhausted his EAH HRA contribution and pays \$1,500 out of his pocket.	Marc uses the remainder of EAH's HRA contribution to pay the full \$2,800.	Marc uses the remainder of EAH's HRA contribution to pay the \$1,300 of the remaining deductible expenses. Remaining balance is \$700 for facility and \$800 for doctor services. Marc has exhausted his EAH HRA contribution and pays \$1,500 out of his pocket.	Marc uses the remainder of EAH's HRA contribution to pay the full \$2,800.
Marc's Total Cost	\$0 paycheck deductions + \$1,500 for expenses (after EAH has paid \$1,500 deductible expenses using the HRA). \$1,500 total	\$0 paycheck deductions. Marc was able to use \$2,800 out of his HRA to pay for his services for the year. \$0 total	\$0 paycheck deductions + \$1,500 for expenses (after EAH has paid \$1,500 deductible expenses using the HRA). \$1,500 total	\$0 paycheck deductions. Marc was able to use \$2,800 out of his HRA to pay for his services for the year. \$0 total

ESTIMATING YOUR MEDICAL COSTS FOR THE YEAR (continued)

Meet Jenny

Age: 45

Struggles with heart problems

Employee Only Coverage

With 2 school age kids and a mortgage, Jenny and her husband live on a tight budget. Jenny wants predictable costs on a monthly basis and wants to pick the plan that will be the lowest cost for her family. Jenny's dependents are covered through her husband's medical plan at work. Here's what each of the EAH plans could look like for Jenny under these circumstances:

	UMR HRA - BASE	UMR HRA - ENHANCED	KAISER HRA - BASE	KAISER HRA - ENHANCED
Premium Cost: Employee Only Coverage	\$0.00 x 12 months = \$0.00	\$0.00 x 12 months = \$0.00	\$0.00 x 12 months = \$0.00	\$0.00 x 12 months = \$0.00
EAH's contribution to Jenny's HRA	(\$1,500)	(\$3,000)	(\$1,500)	(\$3,000)
Jenny's Deductible after EAH's HRA Contribution	\$1,500	\$0	\$2,500	\$1,000
During the year, Jenny gets her annual physical (cost \$200)	Preventive Care is covered at 100%. Jenny pays \$0.			
Jenny visits the specialist four times during the year to help monitor her heart (cost \$1,200 including lab work)	Jenny uses EAH's HRA contribution to pay the \$1,200 of annual deductible expenses.	Jenny uses EAH's HRA contribution to pay the \$1,200 of annual deductible expenses	Jenny uses EAH's HRA contribution to pay the \$1,200 of annual deductible expenses	Jenny uses EAH's HRA contribution to pay the \$1,200 of annual deductible expenses
Jenny develops a rash midway through the year and must go to the dermatologist to get it diagnosed (cost \$140). She is prescribed and fills a brand prescription for a steroid cream (cost \$45).	On the UMR plan, prescription drugs are subject to the deductible. Jenny uses EAH's HRA contribution to pay the \$185 of annual deductible expenses.	On the UMR plan, prescription drugs are subject to the deductible. Jenny uses EAH's HRA contribution to pay the \$185 of annual deductible expenses.	On the Kaiser plan, prescription drugs are not subject to the deductible. Jenny uses EAH's HRA contribution to pay the \$140 in deductible expenses. She pays the \$30 copay for the brand name drug out of pocket.	On the Kaiser plan, prescription drugs are not subject to the deductible. Jenny uses EAH's HRA contribution to pay the \$140 in deductible expenses. She pays the \$30 copay for the brand name drug out of pocket.
Jenny visits the ER once for chest pain (\$375). She is monitored and provided with several tests (cost \$750) but ultimately sent home.	Jenny uses the remainder of EAH's HRA contribution to pay \$115 of annual deductible expenses. She pays the remaining \$1,010 of deductible expenses out of pocket.	Jenny uses EAH's HRA contribution to pay the \$1,125 of annual deductible expenses.	Jenny uses the remainder of EAH's HRA contribution to pay \$160 of annual deductible ex- penses. She pays the remaining \$965 of deductible expenses out of pocket.	Jenny uses EAH's HRA contribu- tion to pay the \$1,125 of annual deductible expenses.
Jenny's Total Cost	\$0 paycheck deductions + \$1,010 deductible (after EAH has paid \$1,500 deductible expenses using the HRA).	\$0 paycheck deductions + (after EAH has paid \$2,510 deductible expenses using the HRA).	\$0 paycheck deductions + \$965 deductible and \$30 co-pay expenses (after EAH has paid \$1,500 deductible expenses using the HRA).	\$0 paycheck deductions + \$0 deductible and \$30 co-pay expenses (after EAH has paid \$2,465 deductible expenses using the HRA).
	\$1,010 total	\$0 total	\$995 total	\$30 total

ESTIMATING YOUR MEDICAL COSTS FOR THE YEAR (continued)

Meet Angela

Age: 58
Single
Has knee problems
Employee Only Coverage

Angela knows she will likely need surgery to repair her knee. With retirement just around the corner and potentially significant health care expenses, she will be wondering how she can minimize the amount she must pay out of pocket. Here's what each of the EAH plans could look like for Angela:

	UMR HRA - BASE	UMR HRA - ENHANCED	KAISER HRA - BASE	KAISER HRA - ENHANCED
Contributions - Employee Only Coverage	\$0.00 x 12 months = \$0.00	\$0.00 x 12 months = \$0.00	\$0.00 x 12 months = \$0.00	\$0.00 x 12 months = \$0.00
EAH's contribution to Angela's HRA	(\$1,500)	(\$3,000)	(\$1,500)	(\$3,000)
Angela's Deductible after EAH's HRA Contribution	\$1,500	\$0	\$2,500	\$1,000

During the year, Angela gets her annual physical (cost \$200)

Preventive Care is covered at 100%. Angela pays \$0.

During the year, Angela gets a new doctor and gets a new patient exam (cost \$250)	Angela uses EAH's HRA contribution to pay the \$250 of annual deductible expenses.	Angela uses EAH's HRA contribution to pay the \$250 of annual deductible expenses.	Angela uses EAH's HRA contribution to pay the \$250 of annual deductible expenses.	Angela uses EAH's HRA contribution to pay the \$250 of annual deductible expenses.
Angela has outpatient surgery for her knee (cost \$5,700) and post-surgical physical therapy (\$400)	Angela uses the remainder of EAH's HRA contribution to pay \$1,250 of annual deductible expenses. She pays the remaining \$1,500 of deductible expenses out of pocket. She pays \$670 in coinsurance out of pocket for the remainder of her surgical bill and for her physical therapy.	Angela uses the remainder of EAH's HRA contribution to pay \$2,750 of annual deductible expenses. She pays \$590 in coinsurance out of pocket for the remainder of her surgical bill and for her physical therapy.	Angela uses the remainder of EAH's HRA contribution to pay \$1,250 of annual deductible expenses. She pays the remaining \$2,500 of deductible expenses out of pocket. She pays \$470 in coinsurance out of pocket for the remainder of her surgical bill and for her physical therapy.	Angela uses the remainder of EAH's HRA contribution to pay \$2,750 of annual deductible expenses. She pays the remaining \$1,000 of deductible expenses out of pocket. She pays \$470 in coinsurance out of pocket for the remainder of her surgical bill and for her physical therapy.
During the year, Angela fills four generic prescriptions (\$15 each; \$60 total), and one preferred brand prescription (cost \$450).	Angela has met her deductible. She pays \$60 in copays for her generics and \$40 for her brand medication.	Angela has met her deductible. She pays \$60 in copays for her generics and \$40 for her brand medication.	Angela has met her deductible. She pays \$40 in copays for her generics and \$30 for her brand medication.	Angela has met her deductible. She pays \$40 in copays for her generics and \$30 for her brand medication.
At the end of the year, Angela's total cost is...	\$0 paycheck deductions + \$1,500 deductible and \$670 co-pay / coinsurance expenses (after EAH has paid \$1,500 deductible expenses using the HRA).	\$0 paycheck deductions + \$690 co-pay / coinsurance expenses (after EAH has paid \$3,000 deductible expenses using the HRA).	\$0 paycheck deductions + \$2,500 deductible and \$540 co-pay / coinsurance expenses (after EAH has paid \$1,500 deductible expenses using the HRA).	\$0 paycheck deductions + \$1,000 deductible and \$540 co-pay / coinsurance expenses (after EAH has paid \$3,000 deductible expenses using the HRA).
	\$2,270 total	\$690 total	\$3,040 total	\$1,540 total

YOUR PREMIUM CONTRIBUTIONS

When you enroll in the benefit plans offered through EAH, your contribution to medical, dental, and vision premium costs will be deducted the first two pay periods of each month. For all other benefits, contributions are taken in equal amounts every pay period. Please review the table below with the costs outlined for each plan offered. You may not make any changes to your benefit elections during the plan year, unless a qualifying event occurs.

For employees working 30 or more hours per week, EAH pays 100% of the employee cost for the UMR and Kaiser medical plans. For employees working 20-29 hours per week, EAH pays 50% of the UMR medical and Kaiser medical plans.

All employees enrolled in benefits may elect to add dependents and are responsible for any increase in premium.

Your **monthly** cost to participate in medical benefits is as follows:

UMR HRA PLAN			
	Total Premium	Employee Cost 30+ Hours per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$971.21	\$0.00	\$485.61
Employee + One Dependent	\$1,982.36	\$1,011.15	\$1,496.76
Employee + Family	\$2,831.94	\$1,860.73	\$2,346.33

KAISER HRA PLAN			
	Total Premium	Employee Cost 30+ Hours per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$704.15	\$0.00	\$352.08
Employee + One Dependent	\$1,408.28	\$704.13	\$1,056.21
Employee + Family	\$1,992.72	\$1,288.57	\$1,640.65

Dental costs can be found on [Page 26](#).

Vision costs can be found on [Page 33](#).



SUBMITTING CLAIMS FOR REIMBURSEMENT / PROVIDING SUBSTANTIATION - UMR

If you need to submit a claim to Marin Benefits for reimbursement or if you are asked to provide substantiation, you will first need to obtain the required documentation from UMR.



Substantiation is the process Health Reimbursement Account (HRA) participants use to show that what they paid for with pre-tax dollars was an eligible expense. The IRS requires all purchases with HRA funds to be substantiated.

Many purchases made with your debit card will be auto-substantiated, meaning no further documentation is required; however, making purchases at certain merchants or for certain items, does require substantiation. Marin Benefits will notify you if a purchase requires additional documentation (substantiation). If you receive a request, it is important that you respond promptly as a failure to do so could result in your card being temporarily suspended.

For employees enrolled in the UMR HRA, you will need to submit an Explanation of Benefits. This document shows the provider, date(s) of service, services performed, and the costs of those services. The easiest way to obtain this document is through the myUMR.com member website. Once you are registered, you can also access network provider listing, a temporary ID card and cost estimating tools.

Set up your account today.

- Go to myuhc.com > **Register Now**.
- Have your ID card handy and follow the step-by-step instructions.

How to Look Up Claims

To access your medical claim information, login to your personalized and secure site at <http://myUMR.com> Simply follow these steps:

- To get started, Select the Orange “Sign In >” box in the middle of the page and Enter the User Name and Password you created during the registration process and Select “Sign In”.
- From the Secure Site Home Page / Dashboard click on “Claims & Accounts” in the middle of the blue navigation bar across the top of the screen.
- Once you select this, you will see a listing of claims based on date of service with the most recent listed first. Navigate to the claim you would like to view.
- Once you have clicked on a claim, you can select “View Explanation of Benefits” in the “More Options” drop down
- You may also view the claim history of specific dependents under the age of 18. If the member is over the age of 18, they must register separately and grant you access to view their claim data from the My Profile page.
- **Your UMR Explanation of Benefits is the document you must provide as substantiation for your claim.**

UNDERSTANDING YOUR EXPLANATION OF BENEFITS - UMR

Please see the images and explanations below for understanding your Explanation of Benefits. Your HRA is available to cover deductible expenses under the plan.

**This total does not reflect any payments / copays you made at the time of service. Please wait for a provider bill before making a payment.

6
Notes*

D1 - The discount shown is your savings. Your network physician or health care provider has agreed to the plan discount. The amount you owe may include what you need to pay if you have reached limit on covered health services. If you need more information about your benefits, please go to your member website or plan documents.

Insurance fraud adds millions to the cost of health care. If services are listed which you did not receive or service you were told would be free, call 1-866-633-2474.

You have the right to receive, upon request and free of charge, a copy of the internal rule, guideline or protocol that we relied upon in making the non-coverage decision for your claim.

MEDICAL CLAIMS ONLY

A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address: UnitedHealthcare Appeals, P. O. Box 9999, Salt Lake City, UT 84999. T for your review must be made within 180 days from the date you receive this statement. If you request a review of your claim denial, we will complete our review no later than 30 days after we receive your request for review.

You may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

P

Use this EOB statement as a reference or retain as needed.

- 3 Service Description**
Description of care provided. Remark code text is listed below the Service Details box.
- 4 Your Plan Paid**
The amount of benefits paid to the employee or provider.
- 5 Deductible/Copay/Coinsurance/Non-Covered**
Itemized Responsibility. This section shows the amount you owe to the provider.
- 6 Notes**
This section gives more detail on how the claim was processed. It also shows your appeals options and other helpful information.

	Date
<p>Service Center Address City, State, ZIP Code Phone: 1-888-888-8888</p> <p style="text-align: right;">Have more questions about your Visit (name of member website) for all your claim and benefit information</p> <p>Notes*</p> <p><small>Rather view this online? Sign up for myuhc.com to easily view claims and account balances, see where you're at against your deductible, locate a network doctor, compare costs, select paperless delivery of your important documents and more.</small></p> <p><small>Rather view this on your mobile device? Download our free Health4Me® app, then sign up to easily find and map care, compare costs, view claims and account balances and more. Get access to the same personalized health plan information while you're on the go.</small></p> <p><small>Maintaining the privacy and security of individuals' personal information is very important to us at UnitedHealthcare. To protect your privacy, we implemented strict confidentiality practices. These include the ability to use a unique individual identifier. You may see the unique identifier on UnitedHealthcare correspondence, including Health Plan ID cards (if applicable), letters, explanation of and provider remittance advices (PRAs). If you have any questions about the unique individual identifier or its use, please call the number on your health plan ID card.</small></p>	

P

Use this EOB statement as a reference or retain as needed.

The first page of your EOB is a summary. It tells you how much you owe the doctor after plan discounts. The amount you owe should match the bills you receive from your doctor.

Claim Detail page

	Date																																																				
<p>Service Center Address City, State, ZIP Code Phone: 1-888-888-8888</p> <p style="text-align: right;">Have more questions about your claim? Visit (name of member website) for all your claim and benefit information.</p> <p>Claim Detail for John Johnson</p> <p>Provider: Dr. Martin Claim Number: 199111101 Patient Account Number: 3201858-11</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Date(s) of Service</th> <th rowspan="2">Type of Service</th> <th rowspan="2">Notes*</th> <th rowspan="2">Amount Billed</th> <th rowspan="2">Plan Discounts</th> <th rowspan="2">Allowed Amount</th> <th rowspan="2">Your Plan Paid</th> <th colspan="4">Your Itemized Responsibility to Provider**</th> <th rowspan="2">Amount You Owe</th> </tr> <tr> <th>Deductible</th> <th>Copay</th> <th>Coinsurance</th> <th>Non-Covered</th> </tr> </thead> <tbody> <tr> <td>7/1/21</td> <td>Office Visits</td> <td>D1</td> <td>\$104.00</td> <td>\$32.23</td> <td>\$71.77</td> <td>\$0.00</td> <td>\$71.77</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$71.77</td> </tr> <tr> <td>7/1/21</td> <td>Laboratory</td> <td></td> <td>\$125.00</td> <td>\$0.00</td> <td>\$125.00</td> <td>\$80.00</td> <td>\$25.00</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$45.00</td> </tr> <tr> <td colspan="3">Claim Total:</td> <td>\$229.00</td> <td>\$32.23</td> <td>\$196.77</td> <td>\$80.00</td> <td>\$96.77</td> <td>\$0.00</td> <td>\$20.00</td> <td>\$0.00</td> <td>\$116.77</td> </tr> </tbody> </table> <p style="text-align: right;">**This total does not reflect any payments / copays you made at the time of service. Please wait for a provider bill before making a payment.</p> <p>6 Notes*</p> <p>D1 - The discount shown is your savings. Your network physician or health care provider has agreed to the plan discount. The amount you owe may include what you need to pay if you have reached a benefit limit on covered health services. If you need more information about your benefits, please go to your member website or plan documents.</p> <p>Insurance fraud adds millions to the cost of health care. If services are listed which you did not receive or service you were told would be free, call 1-866-633-2474.</p> <p>You have the right to receive, upon request and free of charge, a copy of the internal rule, guideline or protocol that we relied upon in making the non-coverage decision for your claim.</p> <p>MEDICAL CLAIMS ONLY</p> <p>A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address: UnitedHealthcare Appeals, P. O. Box 9999, Salt Lake City, UT 84999. T for your review must be made within 180 days from the date you receive this statement. If you request a review of your claim denial, we will complete our review no later than 30 days after we receive your request for review.</p> <p>You may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.</p> <p style="text-align: right;">P</p> <p style="text-align: center;">Use this EOB statement as a reference or retain as needed.</p> <p style="text-align: right;">Page 2 of 4</p>	Date(s) of Service	Type of Service	Notes*	Amount Billed	Plan Discounts	Allowed Amount	Your Plan Paid	Your Itemized Responsibility to Provider**				Amount You Owe	Deductible	Copay	Coinsurance	Non-Covered	7/1/21	Office Visits	D1	\$104.00	\$32.23	\$71.77	\$0.00	\$71.77	\$0.00	\$0.00	\$0.00	\$71.77	7/1/21	Laboratory		\$125.00	\$0.00	\$125.00	\$80.00	\$25.00	\$0.00	\$20.00	\$0.00	\$45.00	Claim Total:			\$229.00	\$32.23	\$196.77	\$80.00	\$96.77	\$0.00	\$20.00	\$0.00	\$116.77	
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The second page shows the claim detail (Section 5). It breaks down deductible amounts vs. copays, coinsurance, or services that are not covered.

YOUR HRA SHOULD BE USED TO PAY FOR DEDUCTIBLE EXPENSES.



EAH HOUSING

A roof is just the beginning

ESTIMATING YOUR COSTS - UMR

Register for the UMR member portal and access the Health Plan Estimator Tool.



Signing up for umr.com

- 1 Visit **umr.com** on your desktop computer or download the **UMR mobile app**
- 2 Click **Log in/Register** to sign up

Helpful hints

- Have your UMR member ID card handy
- Spouses and adult children must create their own online account
- You must provide a valid email address
- Select a username and password you can remember

► See preferred doctors

Most health plans let you see any doctor you want. But you can save a bundle by seeing doctors that are part of your plan's preferred network of health care providers. Going to a preferred, in-network doctor usually saves you 20% to 30% or even more off your bill.

► Practice prevention

Preventive care includes things like physical exams, vaccines, blood tests and cancer screenings. These services can prevent you from getting sick or detect a health issue before it gets serious. Check your health plan to see if preventive care is covered in full or at discounted rates.

ONLINE VISITS / TELADOC - UMR



24/7 doctor visits via phone or mobile app



Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care

Talk to a doctor anytime!
 visit **Teladoc.com**
 or call
1-800-Teladoc

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



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SUBMITTING CLAIMS FOR REIMBURSEMENT / PROVIDING SUBSTANTIATION - KAISER

If you need to submit a claim to Marin Benefits for reimbursement or if you are being asked for substantiation, you will first need to obtain the required documentation from Kaiser.

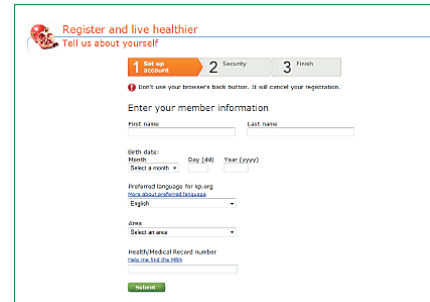
For employees enrolled in the Kaiser HRA, you will need to submit an Explanation of Benefits for all eligible expenses incurred (aside from prescription expenses). This document shows the provider, date(s) of service, services performed, and the costs of those services. You are able to go to the Kaiser website and register to get online access to your benefits (see website information below).

Go to www.kp.org/registernow and follow the steps below

Step 1:

Enter your plan information

Along with simple questions like your name and birth date, you'll need to enter the medical record number/health record number printed on your plan ID card.



Step 2:

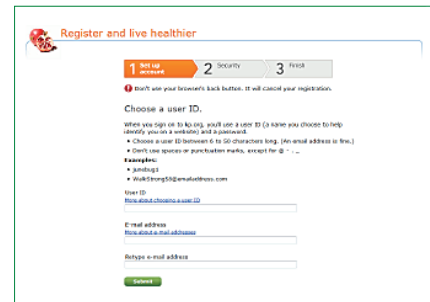
Accept the terms and conditions

By checking this box and clicking the "Submit" button, I indicate that I have read and agree to the summary and the [entire Terms and Conditions](#) for use of this website, and I have reviewed the [Privacy Statement](#) for this website.

Step 3:

Create your user ID

Choose a user ID and enter your email address. After you're registered, you'll use this user ID to sign on to kp.org.



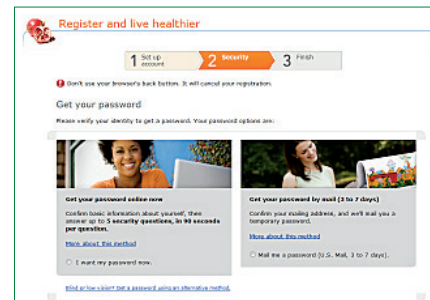
Step 4:

Secure your account

Complete the security steps online. After answering a few questions to confirm your identity, you'll create a password and pick 3 secret questions to help keep your account secure.

These questions are developed using industry-standard online security practices, so all your information stays protected.

Or finish registering by mail. You'll get a temporary password in the mail in 3 to 7 days. After you sign on for the first time, you'll create a new password and pick 3 secret questions to help keep your account secure.



SUBMITTING CLAIMS FOR REIMBURSEMENT / PROVIDING SUBSTANTIATION - KAISER



California Claims Administration
 P.O. Box 7004
 Downey, CA 90242-7004

Jane Doe
 1234 THRIVE DRIVE
 KAISER, CA 56789-1011

SAMPLE

This is not a bill

If you owe anything, you'll get a bill.

This Explanation of Benefits is a summary of services you've received. It shows the charges, the date of your visit, and the name of the provider you visited. Use it to:

- **Keep track of your expenses** and make sure everything is accurate. ***
- **Check your progress** – have you reached your deductible or out-of-pocket maximum? ***
- To reduce clutter and get your next EOB online, sign up at kp.org/choosepaperless.

Call us if you have questions

Weekdays 7:00 am – 7:00 pm (Pacific Time)
 1-800-390-3510 or TTY/TDD 711
kp.org

Track your care

Medical record number: 0000000000
 Plan type: HMO - HMO COMMERCIAL-HDHP
 Plan year: 01/01/2017 through 12/31/2017

Group identification: 000000000*0000
 Account holder identification: 000000000000
 Membership Relationship to Subscriber: Self

Explanation of Benefits for Jane Doe

Here's a snapshot of your share of the charges for the services you've received.

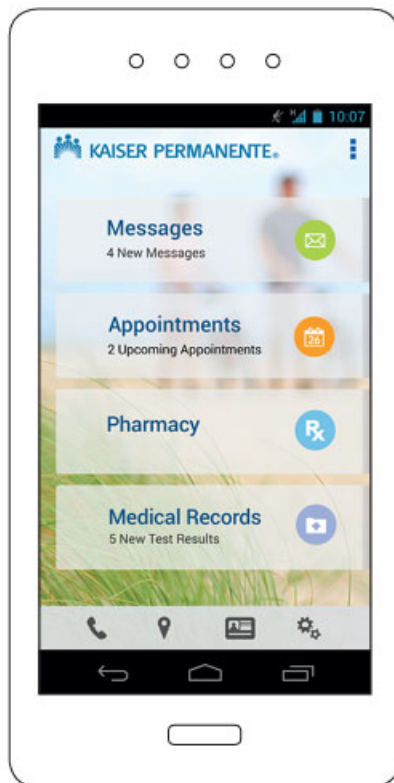
April 20, 2017

\$18.00

Amount you owe or have already paid

***If you are a Medi-Cal/Medicaid member, this does not apply to you as you should not receive a bill for any covered Medi-Cal/Medicaid services. Please call 800-390-3510 if you have any questions.

GOOD HEALTH IS IN YOUR HANDS



Use the new and improved **kp.org** features right from your smartphone or other mobile device.

- ▶ Email your doctor's office
- ▶ View most test results
- ▶ Schedule or cancel appointments
- ▶ Refill most prescriptions
- ▶ Pay bills and view past payments

Just download the Kaiser Permanente app at no cost from your preferred app site.



Create your online account

Not registered on **kp.org**? Get started at kp.org/register or download the KP app.

ESTIMATING YOUR COSTS - KAISER

Get a **personalized estimate** with our online tool



Be prepared when you come in for care. Use **Estimates** – our treatment cost calculator – to get an estimate of your out-of-pocket costs.

What is Estimates?

Estimates is our online calculator that gives you cost estimates for many commonly used treatments and services.

Where do I find Estimates?

Go kp.org/costestimates. You'll need to be registered on kp.org to use this secure tool.

How does Kaiser Permanente come up with the estimate?

We take the average cost of a service in your area. Then we apply your plan benefits and how much you've spent so far for care. You'll see the low, likely, and high cost for the service. This will include the costs you are responsible for, such as a deductible or copay.

Is the estimate exactly what I'll pay?

No, the estimate gives you a general idea of what you'll pay for a particular service. What you actually pay may be higher or lower depending on the care you receive. Your bill will show the actual cost of the service and what you will need to pay.

What if the estimate is more than I can afford to pay?

Don't let an estimate keep you from getting the care you need. Call the number on the back of your Kaiser Permanente ID card to see if you qualify for financial assistance and how to sign up for an easy payment plan.



Get started now

Go to kp.org/costestimates to find out what you can expect to pay for common exams, tests, and services.

Join Your Video Visit

Join on
Mobile



Go to kp.org/mydoctor/videovisits.

Join on
Computer



Go to kp.org/mydoctor/videovisits.

STEP
1

WWW.

STEP
2



Choose "Get the App"
to download KP
Preventive Care App.

Open the app & log-in using your
kp.org username.

If you do not have a kp.org username, tap "Sign In Help" at the bottom and follow the prompts to sign in with your medical record number.

Click "Get Prepared" and follow the
instructions for downloading and
installing the Vidyo Web plug-in.

STEP
3



Go to "Appointments".
Tap "Join" to start your video visit.

Click "Join Your Video Visit" to start
your visit.

Need Help? Go to kp.org/mydoctor/videovisits and click "Video Visit Support".

EMPLOYEE ASSISTANCE PROGRAM



EAH Housing

Your all-in-one mental health, employee wellbeing solution at no cost to you or your family

HELP WHEN YOU NEED IT*



Confidential Counseling*

In-person, Telephone, Video, Text, Chat

Experienced, licensed counselors help with:

- . Stress, anxiety
- . Major life changes
- . Communication
- . Grief and loss
- . Relationships
- . Substance abuse
- . Emotional wellbeing
- . Job stress

In-the-Moment Support

In distress or just want to talk? Maybe you're worried about kids, anxious about work, or had a fight with a family member. A Concern counselor is here to listen and help you plan a positive next step.

Work-Life Resources

Receive expert guidance for life's expected and unexpected events, helping you find a happier balance at home and less distraction at work. Help with **financial*** issues, **legal*** concerns, **adult care*** resources, **parenting and childcare*** referrals.

Guided Mindfulness

Full suite of live and on-demand mindfulness solutions designed for daily use. Discover resources to help you build and sustain healthy habits. Access through your digital dashboard.

Resource Library*

Tools and resources organized by topic with articles, toolkits, webinars, apps, assessments, videos, podcasts, newsletters, and so much more. Click "Services and Resources by Topic" on portal.

GETTING STARTED IS EASY

Just call **800-344-4222** 24/7 or visit **employees.concernhealth.com*** and log in with your company code **EAH**. Then click on "Get Services" to create your confidential digital dashboard. Check out **this video*** for a brief introduction to Concern.

YOUR BENEFITS

Your Concern benefit is available to employees working 20 or more hours per week, your spouse/domestic partner, and dependent children up to age 26.

- **Counseling.** Up to **5** visits per person, per issue, per year
- **Financial.** Free one to two 30-minute phone consultations with a financial specialist. 25% discount off regular rates if continue services.
- **Legal.** Free 30-minute consultations with a qualified attorney. 25% discount off normal hourly rates if you retain their services.

**Open links for more detail*

DENTAL PLAN OPTIONS

MetLife

Dental benefits are offered to benefit-eligible employees and their families through MetLife. You may select between Dental PPO and Dental HMO plan options.

PPO: With the Dental PPO plan, members can seek care from any dentist; however, benefits are optimized when obtained through an in-network dentist.

HMO: Employees in California can opt to participate in the Dental HMO. The MET50 plan provides benefits through negotiated discounts and fixed copays. A detailed list of fees is available online. Under the Dental MET50 PLAN your Selected General Dentist is responsible for determining when the services of a Specialty Care Dentist are needed, and facilitating any necessary referral. You and Your Dependents will be advised of the name, address and telephone number of the Specialty Care Dentist in Your or Your Dependent's Service Area.



IMPORTANT

Before selecting the DHMO, ensure that there are providers in your area that participate in the network:
<https://mybenefits.cc/eah/>

Dental Plan Features	MetLife PPO Network		MetLife HMO Network
	In-Network	Out-of-Network	In-Network Only
Plan Year Deductible:	\$50 per Individual \$150 per Family Deductible applies to type B and C only	\$50 per Individual \$150 per Family	None
Plan Year Maximum:	\$2,000 per member		None
Benefit Payment:	Maximum Allowable Charge*	90th percentile	Copay for each procedure
Preventive (Type A) :	100% (ded. waived)	100% of R & C fees*	\$0 for cleaning, x-rays
Basic (Type B) :	90%	80% of R & C fees*	Please refer to list of fees
Major (Type C) :	60%	50% of R & C fees*	Please refer to list of fees
Orthodontia (Type D) :	50%	50% of R & C fees*	
Orthodontia Lifetime Maximum Adult and Child	\$1,500 per Person		See DHMO fee schedule

Your **monthly** cost to participate in dental benefits is as follows:

METLIFE DPPO			
	Total Premium	Employee Cost 30+ Hours per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$56.13	\$10.00	\$28.07
Employee + One Dependent	\$127.81	\$81.68	\$99.75
Employee + Family	\$181.53	\$135.40	\$153.47

METLIFE DHMO			
	Total Premium	Employee Cost 30+ Hours per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$14.66	\$0.00	\$7.33
Employee + One Dependent	\$27.03	\$12.37	\$19.70
Employee + Family	\$42.99	\$28.33	\$35.66

LIFE INSURANCE

Mutual of Omaha

EAH provides all eligible employees Basic Life and Accidental Death & Dismemberment (AD&D) Insurance at no cost through Mutual of Omaha. Employees who work 20 hours or more per week are enrolled in these coverages on the first of the month following 30 days of employment. *Be sure to complete beneficiary information at time of enrollment and update your information as appropriate.*

Voluntary Life and AD&D Insurance

You have the opportunity to supplement your Basic Life and AD&D Insurance by purchasing Voluntary insurance coverage through Mutual of Omaha for yourself and your eligible dependents. You must elect Life and AD&D coverage for yourself in order to cover your spouse and/or child(ren). If you leave EAH, you may be eligible to port or convert your voluntary life policy.



If you or your spouse do not enroll in the Voluntary Life plan when you are first eligible, you may enroll at a later date. However, ALL coverage amounts will require proof of good health (Evidence of Insurability/EOI) and are subject to approval by Mutual of Omaha. EAH will inform you once Mutual of Omaha has completed their review process.



Basic Life Insurance

In the event of your death, this plan pays your beneficiary a benefit equal to 1 times your annual base salary to a maximum of \$400,000.

Please note, per IRS regulations, premiums paid by the company for amounts of life insurance in excess of \$50,000 are subject to imputed income taxation.

Basic AD&D Insurance

In the event of your accidental death, this plan pays your beneficiary an additional benefit of equal to 1 times your annual base salary to a maximum of \$400,000.

If you are seriously injured as the result of an accident (for example: lose your eyesight, paralysis), this plan will pay a partial benefit to you.

Voluntary Life/AD&D Coverage Options

Find rate information [here](#).

Employee

You may purchase increments of \$10,000, to a maximum amount equal to five times your annual salary or \$500,000. Guarantee Issue** = \$150,000.

Spouse or Domestic Partner

You may purchase increments of \$5,000 not to exceed \$100,000 or 100% of your employee elected coverage. Benefits will be paid to the employee. Guarantee Issue** = \$35,000.

Child(ren)

You may purchase life insurance for your child(ren) from ages 14 days to 21 years (or age 25 if full-time student) in \$1,000 increments to a maximum of \$10,000. Each eligible dependent child must have the same amount of insurance.

Annual Increase: Employees who are enrolled in the Voluntary Life/AD&D at the time of the annual enrollment period are eligible to elect an annual increase of \$10,000 up to the Guarantee Issue and will not be required to submit an EOI. This is an employee only benefit.

**Guarantee Issue means the highest amount of coverage that can be issued to you without Evidence of Insurability (EOI); this is available to New Hires only. If you do not enroll when you are newly eligible, you will need to complete an EOI for any amount of coverage for which you apply. Page 27

LONG-TERM DISABILITY INSURANCE

Mutual of Omaha

If you become ill or injured and are unable to work, EAH provides income protection benefits at no cost to you through Mutual of Omaha. These benefits have been designed to protect your income in a situation where you become unable to work due to a disability. Please note that specific restrictions apply to these benefits. In addition, any benefit, if received, is considered income and subject to all applicable taxes.



LTD coverage provides financial assistance if you are not able to return to work after 90 days of disability due to an illness or injury. Regular employees working 20 or more hours per week are automatically enrolled in this coverage on the first of the month following 30 days of continuous employment.



in

- Any LTD benefits are offset by income from other sources, including Social Security or Workers' Compensation, so that the maximum monthly benefit you receive is not greater than 60% of your monthly earnings.
- LTD benefits can continue until you are able to return to work or you reach the normal retirement age for Social Security benefits as long as you continue to meet the definition of Disabled as defined in the Certificate of Coverage.
- Because LTD is payable through Social Security Normal Retirement Age, active employees who become disabled at their retirement age will be guaranteed a set duration of benefits. Please see the Certificate of Coverage for complete schedule.





FLEXIBLE SPENDING ACCOUNTS (FSA)

WEX Benefits

EAH offers two flexible spending accounts (FSAs) through WEX Benefits: Health Care FSA and Dependent Care FSA. Both of these plans allow you to use pre-tax dollars to pay for IRS qualified health and dependent care expenses. Each year, you decide how much to contribute to your FSA on a pre-tax basis. The annual amount you elect is deducted from your paycheck in equal amounts each pay period.

Health Care FSA

The Health Care FSA allows you to set aside up to **\$3,300** annually to pay for certain health care expenses that are not covered or only partially covered by your health care plans (medical, dental, vision and prescription drug).

WEX Debit Card

For the Health FSA, you will receive a debit card to use at participating vendors. Rather than filing a claim and waiting for reimbursement for your out of pocket eligible expenses, you can use your debit card to pay your provider directly for qualified medical care expenses. This card will only work for eligible FSA expenses.

Upon enrollment in the plan you will receive one card in your name. The cards are valid for 3 year periods; if you already have a debit card it will be reloaded with your new election. If you would like additional cards in the name of a spouse or eligible dependent you may request them by contacting WEX Benefits. There is a \$5 reissue fee for all additional card requests.



List of Eligible Expenses

- Copays
- Coinsurance costs not covered by your health plan
- Prescription Medications
- Band-aids
- Blood pressure monitor
- Braces
- Cold packs
- Cotton balls
- Reading glasses
- Fertility treatments
- Eye drops
- First aid kit
- Hand Sanitizer
- Humidifier
- Laser eye surgery
- Lactation consultant
- Massage therapy
- Menstrual Products
- Mouth guard
- Nasal breathing strips
- **Over-the-counter medications— no prescription is required!**
- Pregnancy tests
- Prenatal vitamins
- Smoking/Tobacco cessation programs
- Sunscreen
- Sunscreen lip balm

The above list is not exhaustive. To view a complete list, visit:

www.WEX.com.



You can also visit www.fsastore.com to purchase eligible items. They have the largest inventory of FSA eligible products and services online.

FLEXIBLE SPENDING ACCOUNTS (FSA) *continued*

Dependent Care FSA

The Dependent Care FSA is designed for people who need dependent care so that they can work. You are eligible to participate if you are single or married. However, if you are married, your spouse must either work or go to school full-time, or be unable to care for your dependents due to a disability, in order for you to be eligible for the Dependent Care FSA.

Dependent care can be for your children under age 13, spouse or parents. Dependents must live with you and be claimed as a dependent on your federal income tax return. The most you can contribute per year to the Dependent Care FSA is **\$5,000** per IRS household. If you and your spouse file separately, you may each contribute **\$2,500** to the Dependent Care FSA.

You will need to submit proper documentation to support your claim, per IRS regulations.

Itemized bills or invoices from child care providers are usually sufficient forms of documentation. You do not need to show proof of payment. If your child care provider is an individual or does not give you an itemized bill/invoice showing the above requirements, please use the Day Care Service Form to serve as your documentation. This can be found on WEX's website.



List of Eligible Expenses

- Au Pair
- Babysitter
- Before and after school care
- Childcare by a relative
- Day camps
- Montessori school (for preschool)
- Nanny
- Overnight care
- Preschool/Nursery School



Things You Should Know

1. **You have a "grace period" which extends 2 1/2 months after the end of the plan year**, during which time you can continue to incur claims and use up all amounts remaining in your Health Care Flexible Spending Arrangement or Day Care Flexible Spending Arrangement. After the grace period, any remaining funds are forfeited. This is known as the **"Use it or Lose it" rule**.
2. You cannot change or stop your contributions to the FSAs during the year unless you have a qualifying change in status
3. Money cannot be transferred between accounts. For example, you cannot use your Dependent Care FSA for health care expenses or vice versa.

FLEXIBLE SPENDING ACCOUNTS (FSA) continued
 FSA Comparison Chart

Plan Features	Healthcare FSA	Dependent Care FSA
Maximum Election	\$3,300 per year	\$5,000 per household
HRA Compatible?	Yes. Enrollment in the HRA medical plan, does <u>not</u> disqualify you for the healthcare FSA.	Yes
Pre-funded by Employer	Yes. Full election is available for your use on the first day of the Plan Year.	No. You may only claim what you have contributed at the time the claim is filed.
Grace Period?	Yes. You have a 2.5-month grace period to spend down balance from prior year.	Yes. You have a 2.5-month grace period to spend down balance from prior year.
How to Access Your Funds	Debit Card	Debit Card
Eligible Expenses	Medical (not covered by your HRA), Prescription, Dental & Vision	Childcare for children under age 13 while parent is at work, looking for work or going to school.
OTC Medications	Eligible without a prescription.	Not eligible.
Household Items	<ul style="list-style-type: none"> • First Aid Kits / Supplies • Sunscreen • Hearing Aid Batteries • Heating Pads & Wraps • Thermometers • Vaporizers & Inhalers • Pregnancy & Fertility Test 	Not applicable.

Register on WEX'S member portal to file claims online and sign up for direct deposit. Start [here](#).

Review a list of FSA-eligible expenses [here](#).

Shop online through the [FSA Store](#).

FLEXIBLE SPENDING ACCOUNTS (FSA) continued

You can save approximately 25% of each dollar spent on expenses when you participate in a FSA. Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute to your FSA.

It is best to contribute only the amount of money you expect to pay for out-of-pocket eligible expenses for the FSA plan period. If you enroll after the beginning of the plan year, budget for the remaining number of months.

If you do not use the money you contributed, it will not be refunded to you or carried forward into a future plan year. This "use-it-or-lose-it rule" applies to FSA contributions so budget wisely.

	Without FSAs	With FSAs
Gross income	\$40,000	\$40,000
FSA contributions	0	-\$3,300
Gross income	40,000	36,700
Estimated taxes		
Federal	-10,000	-9,325
FICA	-3,000	-2,798
After tax earnings	23,950	24,557
Eligible out of pocket		
Medical and dependent care expenses	-3,050	0
Remaining spendable income	\$20,900	\$24,557
Spendable income increase		\$3,927

*Assumes standard deductions filing as single
The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

This example shows how you can save money with a flexible spending account. The above illustrates your tax savings and spendable income difference when you set aside \$3,300 in your healthcare FSA, filing as Single.



VOLUNTARY BENEFITS

MetLife Vision through VSP

EAH Housing employees and dependents may elect to enroll in the group vision plan through MetLife. The program allows members to access both in- and out-of-network providers; however, greater savings are obtained if care is received through an in-network provider. Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Cost-co® Optical, Walmart, Sam’s Club and Visionworks.

If you decide not to see a MetLife provider, you will receive a lesser benefit and typically pay more out of pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to MetLife for partial reimbursement.

	MetLife In-Network	
	In-Network	Out-of-Network (reimbursement)
Copays		
Exam	\$10	Up to \$45
Prescription Glasses	\$25	
Frequency		
Examination	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Contact (in lieu of frames)	Every 12 months	
Lenses		
Single	Covered in full after copay	Up to \$30
Lined Bifocal	Covered in full after copay	Up to \$50
Lined Trifocal	Covered in full after copay	Up to \$65
Polycarbonate	Covered in full for children to age 18	Not Covered
Frames	Covered in full up to \$180 + 20% off	Up to \$70
Contact Lenses		
Medically Necessary	Covered in full after copay Allowance of \$180	Up to \$210
Elective		Up to \$105
Laser Vision Services:	Discounts available	N/A

Voluntary Vision - Paid 100% by Employees	
	Total Monthly Premium
Employee Only	\$7.47
Employee + One Dependent	\$11.61
Employee + Family	\$18.42

VOLUNTARY BENEFITS *continued*

Mutual of Omaha

Accident and Critical Illness benefits are a cost-effective solution to help offset out-of-pocket medical expenses by paying you the plan benefits directly instead of your healthcare provider. Additional disability coverage is available to you up to a maximum weekly benefit of \$1,500. You choose the maximum monthly benefit level that meets your needs. Then, if you are faced with a period of unexpected sickness or off-the-job injury, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.

These benefits are employee-paid and are a supplement to your medical plan. These plans are fully portable which means that you can keep your coverage at the same rate if you change jobs or retire. Note that the below benefit tables are not an exhaustive list of the available benefits through these plans.

Accident	Critical Illness	Short Term Disability
<p>Plan pays lump-sum benefit based on the type of injury you sustain or the type of treatment you need.</p> <p>Examples of covered benefits include:</p> <ul style="list-style-type: none"> • Dislocation or fracture • Accidental death • Dismemberment • Ambulance 	<p>Plan pays lump-sum benefit based on the diagnosis of a covered illness.</p> <p>Covered conditions include:</p> <ul style="list-style-type: none"> • Heart attack • Major organ transplant • Invasive cancer • Stroke • End-stage kidney failure 	<p>25% of Weekly Earnings up to a maximum weekly benefit \$1,500</p> <p>7-day Elimination Period</p> <p>12-week Benefit Duration</p>

We encourage you to seek additional information and to confirm your costs. This information can be found on the EAH benefits website:

URL: <https://mybenefits.cc/eah/>

VOLUNTARY BENEFITS *continued*

MetLaw - Prepaid Legal Services

MetLife Legal Plans gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft or caring for aging parents.

Network attorneys are available in person, by phone or by email and online tools to do-it-yourself – the plan makes it easy to get legal help. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.

For a monthly fee conveniently paid through payroll deduction, an expert is on your side as long as you need them.

MetLaw's Covered Legal Services

You have unlimited access to attorneys for all legal matters covered under the plan.

Money Matters	<ul style="list-style-type: none"> • Debt Collection Defense • Identity Theft Defense • Identity Restoration³ 	<ul style="list-style-type: none"> • Negotiations with Creditors • Personal Bankruptcy • Promissory Notes 	<ul style="list-style-type: none"> • Tax Audit Representation • Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> • Boundary or Title Disputes • Deeds • Eviction Defense • Foreclosure 	<ul style="list-style-type: none"> • Home Equity Loans • Mortgages • Property Tax Assessments • Refinancing of Home 	<ul style="list-style-type: none"> • Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	<ul style="list-style-type: none"> • Codicils • Complex Wills • Healthcare Proxies • Living Wills 	<ul style="list-style-type: none"> • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	<ul style="list-style-type: none"> • Adoption • Affidavits • Conservatorship • Demand Letters • Divorce (20 hours) • Garnishment Defense • Guardianship 	<ul style="list-style-type: none"> • Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Protection 	<ul style="list-style-type: none"> • Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> • Administrative Hearings • Civil Litigation Defense 	<ul style="list-style-type: none"> • Disputes Over Consumer Goods & Services • Incompetency Defense 	<ul style="list-style-type: none"> • Pet Liabilities • Small Claims Assistance
Elder-Care Issues	<ul style="list-style-type: none"> • Consultation & Document Review for your parents: • Deeds • Leases 	<ul style="list-style-type: none"> • Medicaid • Medicare • Notes • Nursing Home Agreements 	<ul style="list-style-type: none"> • Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	<ul style="list-style-type: none"> • Defense of Traffic Tickets⁴ • Driving Privileges Restoration 	<ul style="list-style-type: none"> • Habeas Corpus • License Suspension Due to DUI 	<ul style="list-style-type: none"> • Repossession

To learn more about your coverages, view our attorney network or grant your dependents access, create an account.

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

ADDITIONAL BENEFITS

As an employee of EAH, you have access to a large number of additional benefits. Please contact Human Resources for more information about these supplemental benefits.

Direct Deposit

Save yourself a trip to the bank every other week by enrolling in direct deposit. You may set up direct deposit in UKG.

Visa rapid! PayCard

Save time and money every payday with the rapid! PayCard. You can have your pay automatically deposited to the paycard, giving you instant access to your money the morning of every payday.

Pet Insurance

Like every member of your family, you want to protect your pet in case an unforeseeable injury or illness arises. MetLife Pet Insurance is offered as a supplemental part of your benefits package. Choose from a variety of plans to suit your pets' needs and your budget. Contact MetLife directly for more information. Please see the contact information at the end of this booklet for more information.



Travel Assistance

Mutual of Omaha provides EAH employees with 24-hour, 365-days-a-year travel assistance whenever you or your family members are travelling domestically or internationally 100+ miles from home. Services include but are not limited to:

- Emergency medical assistance such as transportation, evacuation, referrals to doctors / dentists / facilities, and prescription assistance.
- Emergency cash
- Translation and interpretation services
- Locating legal services
- Assistance with lost or stolen baggage
- Pre-trip assistance (obtaining visas or required documentation, consulate / embassy locations, currency exchange rates and more!)

Access the Mutual of Omaha Secure Travel:

- ID number 9900MOO2:
- 800-856-9947 (U.S.)
- 312-935-3658 (International)

Commuter Benefits

Commuter and parking benefits are available to employees who wish to take advantage of paying for related expenses with pre-tax dollars. The plan is administered through WEX Benefits and allows you to set aside up to \$325 a month for Parking and/or Mass Transit. You will receive a debit card to use for qualified expenses.

RETIREMENT SAVINGS & PLANNING 403(b) Plan

The EAH 403(b) plan provides you with a convenient, tax-advantaged way to save for your future and build on your long-term retirement goals.

Once you are eligible to participate in the Plan, you will be automatically enrolled at 5% unless you select a different deferral amount or choose to opt out of the Automatic Enrollment during the time-frame specified. You will receive your notice of Automatic Enrollment directly from Empower.

For questions about your plan, or if you need to make updates to your account, please contact **Empower** directly by phone at **800-701-8255** or online at empowermyretirement.com



- Your contributions are deducted from your eligible compensation before federal (and most state) income taxes are withheld from your paycheck. As a result, your taxable income is reduced, so you pay less in taxes.
- You may increase or decrease your 403(b) contribution percentages on a per pay period basis.
- You can invest your contributions in select investment funds offered by the plan. Each investment option has a varying level of risk. Investment fund changes are allowed at any time for most of the available funds.
- Rollovers from other qualified retirement accounts, including Individual Retirement Accounts (IRAs), are permitted.
- IRS Maximum contribution limit is \$23,500. If you are over age 50, you can contribute an additional \$7,500 “catch up” contribution.
- Starting 1/1/2025, the age-50 catch-up contribution limit in the years participants attain ages 60-63 increases to the greater of \$10,000 OR 150% of the catch-up contribution limit. The standard limit resumes in the year they attain age 64.
- We also offer a Roth 403(b) option.

How to login to Empower and register your account:

- You can access your account information through Empower’s Website at www.empowermyretirement.com. On the main screen, click REGISTER. You will choose “I do not have a PIN” and provide the requested personal information to authenticate your identity on the website.

You will need to provide contact information, create a username and password – after you’ve registered successfully, you can add beneficiary information, choose investments and add/change deferral rates. Please enter your PERSONAL email address as your primary email.

- Please make sure to review and update and/or add your beneficiary information. Empower is the record keeper for you EAH Retirement Plan beneficiary information.

Welcome to your Financial Wellness Hub



Learn about your
retirement plan &
financial wellness benefits



Get financial guidance
from registered
professionals



Access courses,
calculators, financial
trackers, and more



Scan QR Code to
access or visit:
[https://venrollment.com/
v/eah-inc-retirement-
plan/ceb02e02a8934f](https://venrollment.com/v/eah-inc-retirement-plan/ceb02e02a8934f)



Email Us:
smartmap@worldadvisors.com



Call Us:
(888) 736-4015
M-F 8:30 am - 8:00 pm EST



Visit Us:
smartmap.worldadvisors.com



The **SMARTMap® Financial Wellness Program** is a benefit offered by your employer that helps lay the groundwork for a solid financial foundation by helping you build healthy habits with your financial goals in mind.

Through **SMARTMap®** you have access to:

1-on-1 Guidance with Financial Advocates

You have access to our team of FINRA-registered **Financial Advocates** who can help you navigate your employer's retirement plan.

You can schedule a call today to discuss:

- Enrollment and Rollovers
- Loans and Distributions
- Investment Allocation Guidance
- Retirement Planning

Financial Wellness Hub

Our online **Financial Wellness Hub** and monthly emails offer a variety of interactive tools and resources to help you break down your financial goals into actionable steps.



Webinars



Newsletters



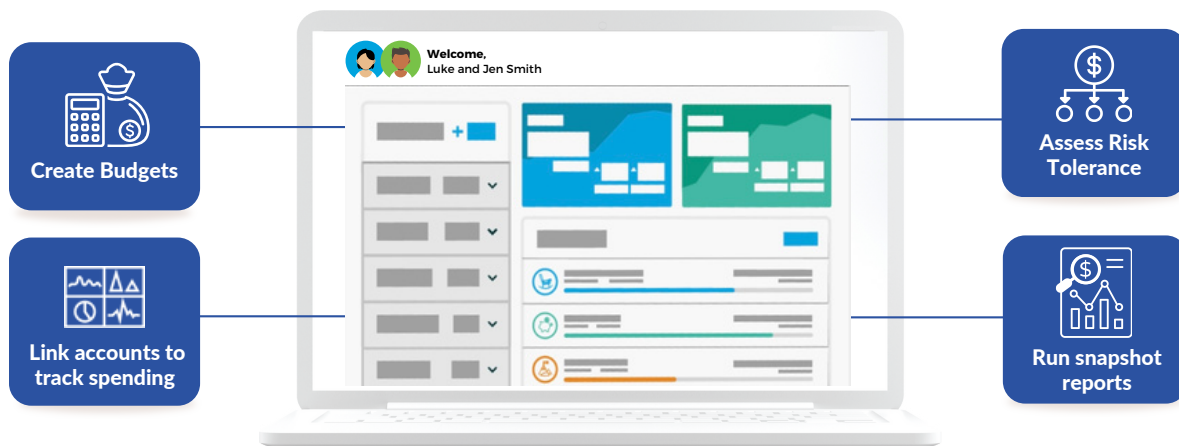
Videos



Calculators

Personal Financial Portal

The **Personal Financial Portal** is a secure, interactive platform you can use to manage your day-to-day and long-term finances. Connect your financial accounts or input data manually to track progress towards your goals.



Chat or Email Us:
smartmap.worldadvisors.com
smartmap@worldadvisors.com



Call Us:
(888) 736-4015
M-F 8:30AM-8:00 PM EST



Schedule a Call:
Scan QR code or visit
smartmap.worldadvisors.com/contact-us

ACCESSING LEGAL PLAN DOCUMENTS & BENEFIT NOTICES

As a plan participant, you are entitled to a comprehensive description of your rights and obligations under the EAH Employee Insurance Benefits Program. In order to conserve resources and make the required information as accessible as possible, we post this information to our employee benefits website. This site is available to you and your dependents at any time. In order to ensure that you fully understand the benefits available to you and your obligations as a plan participant, it is imperative that you familiarize yourself with the information contained on this site

You are entitled to receive a **paper copy** of any of the below documents free of charge through the EAH's Human Resources department.

- Summary Plan Descriptions (SPD)
- Women's Health and Cancer Right Acts
- Evidence/Certificates of Coverage
- Medicare Part D Creditable Coverage Notice
- Summary of Benefits and Coverage (SBC)
- Summary Plan Description (SPD) Wrap Document
- Notice for Employer-Sponsored Wellness Programs
- Special Enrollment Notice
- HIPAA Notices
- Health Exchange Model Notice
- COBRA Notices
- Children's Health Insurance Program
- Summary Annual Report (SAR)
- Notice of Patient Protections
- Mental Health Parity & Addiction Equity Act (MHPAEA) Disclosure
- Newborns' and Mothers' Health Protection Act Notice
- Uniformed Services Employment and Reemployment Rights Act (USERRA) Notice



URL: <https://mybenefits.cc/eah/>

EMPLOYEE BENEFITS

Plan	Phone #	Website / Email	Policy #
Medical: UMR Pharmacy: SmithRx (UMR members)	800-207-3172 844-454-5201	UMR.com/member www.mysmithrx.com/login	76416629
Medical: Kaiser	Member Services: 800-464-4000 Deductible Product Team: 800-390-3507, #1	www.kp.org	NorCal 35385 SoCal 234994
HRA: Marin Benefits	415-526-1401	www.marinbenefits.com	EAH0115
Dental: MetLife	1-800-438-6388	www.metlife.com	5398198
Vision: MetLife	1-800-438-6388	www.metlife.com	5398198
Life, AD&D and Disability: Mutual of Omaha	800-655-5142	www.mutualofomaha.com	G000AHQ9
Travel Assistance: Mutual of Omaha	800-856-9947 (US) 312-935-3658 (Int'l)	www.mutualofomaha.com	9900MOO2
EAP: Concern EAP	800-344-4222	www.employees.concernhealth.com	EAH
MetLaw	800-821-6400	www.legalplans.com	N/A
Flexible Spending Accounts (FSA) / Commuter Benefits: WEX Benefits	866-451-3399	www.wexinc.com	36357
403(b) Retirement Plan: Empower	800-701-8255	www.empowermyretirement.com	522251-01
Financial Planners: World Investment Advisors	888-845-4015 888-736-4015	www.smartmap.worldadvisors.com	522251-01
MetLife Pet Insurance	800-438-6388	www.metlife.com/getpetquote	EAH
Voluntary Benefits: Mutual of Omaha	800-775-8805	www.mutualofomaha.com	G000AHQ9
For assistance with your benefits program, contact your Human Resources Team at EAH:			
Human Resources	415-295-8851	hrsupport@eahhousing.org	N/A
All other questions, contact your Acisure Service Team:			
EAh Dedicated Benefits Team Acisure - Formerly Filice	925-299-7202	eahbenefits@acisure.com	EAH



EAH HOUSING

A roof is just the beginning

www.eahhousing.org