



BENEFITS OPEN ENROLLMENT

December 1, 2023 – November 30, 2024 Plan Year

WELCOME TO THE 2023-2024 PLAN YEAR

- Anthem and Kaiser remain medical carriers
- Principal remains dental and vision carrier
- Mutual of Omaha will remain the life and disability carrier



OPEN ENROLLMENT

Open enrollment is your annual opportunity to review benefit and plan elections and make choices for the upcoming plan year.

- Enroll in coverage previously waived
- Add or delete dependents
- Change plans

Be sure to plan carefully! You cannot make mid-year changes unless you experience a qualifying event.

- Marriage/divorce
- Birth/adoption
- Loss of prior coverage

You must notify HR within 30 days of a qualifying event in order to make any election changes.

Open Enrollment is scheduled for November 10th through November 20th.

Passive open enrollment: Employees are encouraged but not required to login to Ease to review their elections.

All enrollments and changes must be made in the Ease portal by November 20th.

All elections will be effective December 1st.



ANTHEM PPO OPTIONS



- Platinum PPO 15/40/10%
- Gold PPO 25/30% RxD
- Gold PPO 30/500/20% RxD
- Gold PPO 5/1500/30%



ANTHEM PLATINUM PPO 15/40/10%



IN-NETWORK (YOU PAY)

CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL FAMILY)	None
CALENDAR YEAR OUT-OF-POCKET MAX (INDIVIDUAL FAMILY)	\$3,800 \$7,600
PREVENTIVE CARE	No charge
PRIMARY COPAY	\$15
SPECIALIST COPAY	\$40
MOST LABS, X-RAYS (higher member cost may apply at freestanding facility or hospital)	\$10
INPATIENT HOSPITALIZATION	10%
OUTPATIENT SURGERY	\$150 + 10%
EMERGENCY ROOM	\$200 + 10%
PRESCRIPTIONS (higher copays may apply for non-preferred pharmacies)	\$5/\$30/\$50/30% to \$250 max
BRAND-NAME DEDUCTIBLE	None



ANTHEM GOLD PPO 25/30% RxD



IN-NETWORK (YOU PAY)

CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL FAMILY)	None
CALENDAR YEAR OUT-OF-POCKET MAX (INDIVIDUAL FAMILY)	\$8,200 \$16,400
PREVENTIVE CARE	No charge
PRIMARY COPAY	\$25
SPECIALIST COPAY	\$50
MOST LABS, X-RAYS (higher member cost may apply at freestanding facility or hospital)	\$15
INPATIENT HOSPITALIZATION	30%
OUTPATIENT SURGERY	\$200 + 30%
EMERGENCY ROOM	\$250 + 30%
PRESCRIPTIONS (higher copays may apply for non-preferred pharmacies)	\$10/\$50/\$90/30% to \$250 max
BRAND-NAME DEDUCTIBLE (INDIVIDUAL FAMILY)	\$150 \$300



ANTHEM GOLD PPO 30/500/20% RxD



IN-NETWORK (YOU PAY)

CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL FAMILY)	\$500 \$1,500
CALENDAR YEAR OUT-OF-POCKET MAX (INDIVIDUAL FAMILY)	\$7,900 \$15,800
PREVENTIVE CARE	No charge
PRIMARY COPAY	\$30
SPECIALIST COPAY	\$60
MOST LABS, X-RAYS (higher member cost may apply at freestanding facility or hospital)	\$15
INPATIENT HOSPITALIZATION	20% after deductible
OUTPATIENT SURGERY	\$200 + 20% after deductible
EMERGENCY ROOM	\$250 + 20% after deductible
PRESCRIPTIONS (higher copays may apply for non-preferred pharmacies)	\$10/\$50/\$90/30% to \$250 max
BRAND-NAME DEDUCTIBLE (INDIVIDUAL FAMILY)	\$150 \$300



ANTHEM GOLD PPO 5/1500/30%



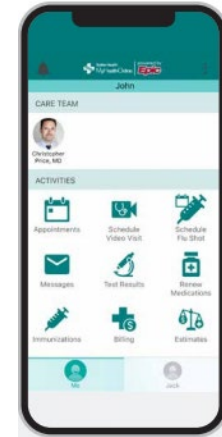
IN-NETWORK (YOU PAY)

CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL FAMILY)	\$1,500 \$3,000
CALENDAR YEAR OUT-OF-POCKET MAX (INDIVIDUAL FAMILY)	\$8,300 \$16,600
PREVENTIVE CARE	No charge
PRIMARY COPAY	\$5
SPECIALIST COPAY	\$65
MOST LABS, X-RAYS (higher member cost may apply at freestanding facility or hospital)	\$15
INPATIENT HOSPITALIZATION	30% after deductible
OUTPATIENT SURGERY	\$200 + 30% after deductible
EMERGENCY ROOM	\$250 + 30% after deductible
PRESCRIPTIONS (higher copays may apply for non-preferred pharmacies)	\$5/\$60/\$110/30% to \$250 max
BRAND-NAME DEDUCTIBLE (INDIVIDUAL FAMILY)	\$300 \$600



ANTHEM MEMBER RESOURCES

- 24/7 nurse advice line
- Register at [anthem.com/ca](https://www.anthem.com/ca) to review benefits, deductible and OOP balances, explanations of benefits and more
- Sydney mobile app
- LiveHealth Online – talk to a healthcare professional without an appointment
- SpecialOffers member discounts



KAISER HMO OPTIONS



- \$15 Copay
- \$20 Copay
- \$30 Copay
- \$50 Copay
- Bronze HDHP 7000/0%



KAISER \$15 HMO



IN-NETWORK (YOU PAY)

CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL FAMILY)	None
CALENDAR YEAR OUT-OF-POCKET MAX (INDIVIDUAL FAMILY)	\$2,500 \$5,000
PREVENTIVE CARE	No charge
PRIMARY COPAY	\$15
SPECIALIST COPAY	\$15
MOST LABS, X-RAYS	\$10
INPATIENT HOSPITALIZATION	\$200 per day
OUTPATIENT SURGERY	\$100
EMERGENCY ROOM	\$100
PRESCRIPTIONS	\$10/\$25
BRAND-NAME DEDUCTIBLE	None



KAISER \$20 HMO



IN-NETWORK (YOU PAY)

CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL FAMILY)	None
CALENDAR YEAR OUT-OF-POCKET MAX (INDIVIDUAL FAMILY)	\$2,500 \$5,000
PREVENTIVE CARE	No charge
PRIMARY COPAY	\$20
SPECIALIST COPAY	\$20
MOST LABS, X-RAYS	\$10
INPATIENT HOSPITALIZATION	\$300 per day
OUTPATIENT SURGERY	\$150
EMERGENCY ROOM	\$100
PRESCRIPTIONS	\$10/\$30
BRAND-NAME DEDUCTIBLE	None



KAISER \$30 HMO



IN-NETWORK (YOU PAY)

CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL FAMILY)	None
CALENDAR YEAR OUT-OF-POCKET MAX (INDIVIDUAL FAMILY)	\$3,000 \$6,000
PREVENTIVE CARE	No charge
PRIMARY COPAY	\$30
SPECIALIST COPAY	\$30
MOST LABS, X-RAYS	\$10
INPATIENT HOSPITALIZATION	\$400 per day
OUTPATIENT SURGERY	\$200
EMERGENCY ROOM	\$100
PRESCRIPTIONS	\$10/\$35
BRAND-NAME DEDUCTIBLE	\$250 \$500



KAISER \$50 HMO



IN-NETWORK (YOU PAY)

CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL FAMILY)	None
CALENDAR YEAR OUT-OF-POCKET MAX (INDIVIDUAL FAMILY)	\$3,500 \$7,000
PREVENTIVE CARE	No charge
PRIMARY COPAY	\$50
SPECIALIST COPAY	\$50
MOST LABS, X-RAYS	\$10
INPATIENT HOSPITALIZATION	\$500 per day
OUTPATIENT SURGERY	\$250
EMERGENCY ROOM	\$100
PRESCRIPTIONS	\$10/\$35
BRAND-NAME DEDUCTIBLE	\$250 \$500



KAISER BRONZE HMO 7000/0%



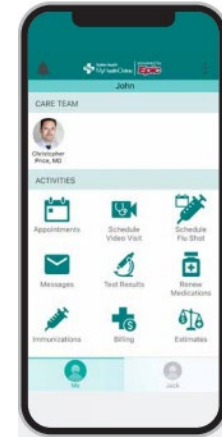
IN-NETWORK (YOU PAY)

CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL FAMILY)	\$7,000 \$14,000
CALENDAR YEAR OUT-OF-POCKET MAX (INDIVIDUAL FAMILY)	\$7,000 \$14,000
PREVENTIVE CARE	No charge
PRIMARY COPAY	\$0 after deductible
SPECIALIST COPAY	\$0 after deductible
MOST LABS, X-RAYS	\$0 after deductible
INPATIENT HOSPITALIZATION	\$0 after deductible
OUTPATIENT SURGERY	\$0 after deductible
EMERGENCY ROOM	\$0 after deductible
PRESCRIPTIONS	\$0 after deductible
BRAND-NAME DEDUCTIBLE	None



KAISER MEMBER RESOURCES

- 24/7 nurse advice line
- Primary Care Physician (PCP) video visits
- Register at kp.org to review lab results, email your doctor, refill prescriptions, schedule appointments and more
- Wellness and mental health resources
 - myStrength and Calm apps
 - Online resources including podcasts, videos and flyers
- ClassPass fitness app



DENTAL PPO (HIGH)



	IN-NETWORK (YOU PAY)	OUT-OF-NETWORK (YOU PAY) – UCR
CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL)	\$50	\$50
CALENDAR YEAR DEDUCTIBLE (FAMILY)	\$150	\$150
CALENDAR YEAR MAXIMUM	\$2,000 per member	\$2,000 per member
CLASS I – PREVENTIVE (NO DEDUCTIBLE)	0%	0%
CLASS II – BASIC	20%	20%
CLASS III – MAJOR	50%	50%
CLASS IV – ORTHODONTIA	50%	50%
LIFETIME ORTHODONTIA MAXIMUM	\$1,000 per member	\$1,000 per member

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.



DENTAL PPO (LOW)



	IN-NETWORK (YOU PAY)	OUT-OF-NETWORK (YOU PAY) - UCR
CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL)	\$50	\$50
CALENDAR YEAR DEDUCTIBLE (FAMILY)	\$150	\$150
CALENDAR YEAR MAXIMUM	\$1,500 per member	\$1,500 per member
CLASS I – PREVENTIVE (NO DEDUCTIBLE)	0%	0%
CLASS II – BASIC	20%	20%
CLASS III – MAJOR	50%	50%
CLASS IV – ORTHODONTIA	50%	50%
LIFETIME ORTHODONTIA MAXIMUM	\$1,000 per member	\$1,000 per member

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DENTAL HMO (CA Only)



IN-NETWORK ONLY (YOU PAY)

CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL)	\$0
CALENDAR YEAR DEDUCTIBLE (FAMILY)	\$0
CALENDAR YEAR MAXIMUM	Unlimited
OFFICE VISIT, PERIODICAL ORAL EVALUATION	\$0
ADULT/CHILD CLEANING (ONCE EVERY 6 MONTHS)	\$45 copay / \$35 copay
FILLINGS (COPAY VARIES BASED ON LOCATION, SURFACE)	\$10 copay - \$120 copay
CROWNS, INLAYS, ONLAYS	Refer to schedule of benefits
ORTHODONTIA	Refer to schedule of benefits

Finding a California Dental Network participating dentist has never been easier! Simply logon to:

www.caldental.net



VISION



	IN-NETWORK	OUT-OF-NETWORK
EXAM COPAY	\$10	Allowance applies
MATERIALS COPAY	\$25	Allowance applies
EXAM FREQUENCY		Every 12 months
LENS FREQUENCY		Every 12 months
FRAME FREQUENCY		Every 24 months
CONTACT LENS FREQUENCY (In lieu of glasses)		Every 12 months
FRAME/CONTACT LENS ALLOWANCE	\$130 (20% off after \$130 allowance)	Allowance applies

How do I find a VSP doctor?

- Visit vsp.com to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
 - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.



CONTRIBUTIONS

- GSPANN contributes 50% toward the employee and dependent premium for any medical, dental and vision plan.
- GSPANN pays 100% for life, accidental death & dismemberment (AD&D), short- and long-term disability and employee assistance program (EAP).

	MEDICAL	DENTAL HMO	DENTAL PPO (HIGH)	DENTAL PPO (LOW)	VISION
EMPLOYEE ONLY		\$6.57	\$26.25	\$22.17	\$2.66
EMPLOYEE + SPOUSE/PARTNER	Depends upon age of employee and electing dependents	\$12.39	\$52.20	\$45.87	\$6.18
EMPLOYEE + CHILD(REN)		\$13.63	\$71.54	\$61.09	\$6.11
EMPLOYEE + FAMILY		\$18.08	\$102.83	\$89.35	\$10.32



GROUP LIFE, AD&D, STD and LTD



BENEFIT

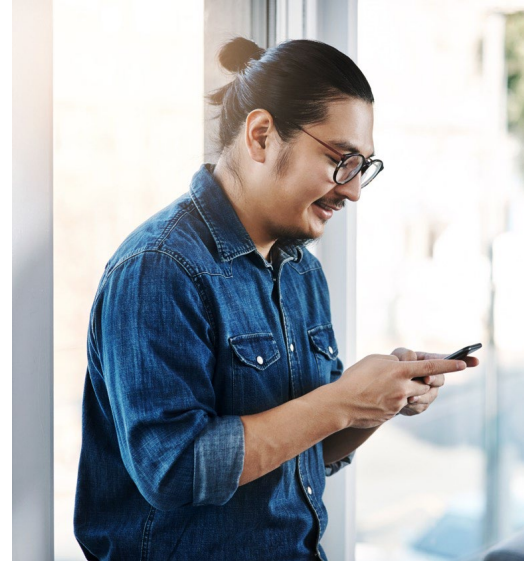
GROUP LIFE, AD&D	1x salary to \$250,000 maximum Benefit reduction to 65% at age 70, 50% at age 75
SHORT-TERM DISABILITY (STD)	60% of weekly pre-disability earnings to \$2,308 maximum 7-day elimination period
LONG-TERM DISABILITY (LTD)	66 2/3% of monthly pre-disability earnings to \$12,500 maximum 90-day elimination period



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Mutual of Omaha's Employee Assistance Program provides employees and members of their household with the help they need with everyday life challenges.

- The plan offers consultative services for items such as...
- Depression, grief, and loss counseling
- Legal and financial services
- Work-life balance
- Substance abuse
- Online will preparation
- Identity theft and fraud resolution



Contact your EAP at...

(800) 316-2796

<https://mutualofomaha.com/eap>



PAWP EMERGENCY PET PLAN (VOLUNTARY)

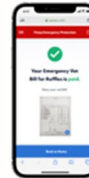


- Pawp is a 24/7 digital clinic for your pets. This includes unlimited video visits and text chats with licensed vets.
- Covers up to six pets (dogs and cats)
- \$3,000 emergency benefit
- Enrollment for the PAWP plan is done on their website <https://pawp.com/benefits/filice-client-voluntary/>
- Available to all employees



24/7 Vet Access

- ✓ Video Chat
- ✓ Text Chat
- ✓ Licensed Vets



Emergency Fund

- ✓ Up to \$3,000/Yr
- ✓ \$0 Deductible
- ✓ Covers 6 Pets



NEXT STEPS

- Employees will make all elections and changes via EASE
<https://gspann.ease.com>
- If you do not make any changes, benefits will roll over
- All elections must be made in Ease by Monday, November 20th
- All elections will be effective December 1st



TOOLS AND ONGOING SUPPORT

Carrier websites

- www.anthem.com/ca
- www.kp.org
- www.principal.com
- www.mutualofomaha.com

Acrisure (formerly Filice) Support

- Julie Nguyen: jnguyen@acrisure.com
- Evelyn Nguyen-Calvetti: mnguyencalvetti@acrisure.com
- Steve Giachetti: sgiachetti@acrisure.com

