



BENEFITS OPEN ENROLLMENT

December 1, 2024 – November 30, 2025 Plan Year

WELCOME TO THE 2024-2025 PLAN YEAR

- Anthem and Kaiser remain medical carriers
- Principal remains dental and vision carrier
- Mutual of Omaha will remain the life and disability carrier
- New flexible spending accounts (FSA)



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 6th through November 15th.

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 15th.

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	\$200 + 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)	\$8,500 \$17,000
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	\$250 + 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	\$250 + 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%



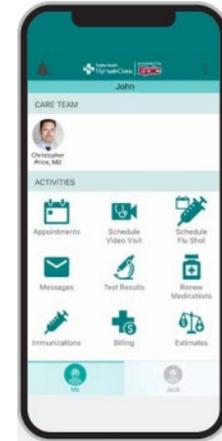
IN-NETWORK (YOU PAY)

CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL FAMILY)	\$1,500 \$3,000
CALENDAR YEAR OUT-OF-POCKET MAX (INDIVIDUAL FAMILY)	\$8,100 \$16,200
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	\$250 + 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 7050/0%



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 7050/0%



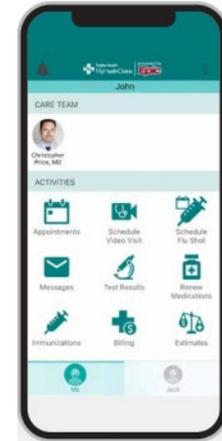
IN-NETWORK (YOU PAY)

CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL FAMILY)	\$7,050 \$14,100
CALENDAR YEAR OUT-OF-POCKET MAX (INDIVIDUAL FAMILY)	\$7,050 \$14,100
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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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 PPO (HIGH)	DENTAL PPO (LOW)	VISION
EMPLOYEE ONLY		\$27.96	\$23.61	\$2.67
EMPLOYEE + SPOUSE/PARTNER	Depends upon age of employee and electing dependents	\$55.59	\$48.85	\$6.18
EMPLOYEE + CHILD(REN)		\$76.20	\$65.06	\$6.12
EMPLOYEE + FAMILY		\$109.51	\$95.16	\$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>



FLEXIBLE SPENDING ACCOUNTS (FSA)

HEALTH CARE FSA

Set aside up to \$3,200 in pre-tax dollars for qualified out-of-pocket expenses like copays, vision care, orthodontia, etc. A participant may roll over up to \$640 of unused funds to the next plan year.

DEPENDENT CARE FSA

Set aside up to \$5,000 per household (or \$2,500 if filing separately) in pre-tax dollars for qualified dependent care expenses like daycare, before- and after-school programs, etc.

CLAIMS SUBMISSION/REIMBURSEMENTS

- Use your debit card at point of service for eligible expenses or...
- Submit claims for reimbursement after paying out of pocket using various methods provided by TAG. This includes TAG online portal, mobile app, or paper claim form.
- Documentation: Employees must provide supporting documentation, such as receipts or Explanation of Benefits (EOB) statements, to validate the expenses.
- Claim Review: TAG reviews the claims and documentation to ensure they meet eligibility requirements.



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



EMPLOYEE PERKS – FREE DISCOUNT MARKETPLACE

AcrisurePerks, powered by Beneplace, gives you access to exclusive savings at theme parks such as Disneyland, Walt Disney World, Universal Studios, Six Flags and more. Hotels, flights, rental cars, cruises, movie tickets, concerts, sporting events, and the list goes on. There are over 400 different brands that offer exclusive discounts. Be sure to visit the site often as new discount deals are constantly being added.

How to sign up:

Go to: **acrisure.savings.beneplace.com**

Enter in your work email address

Create a password

And begin saving!



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 Friday, November 15th
- 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

