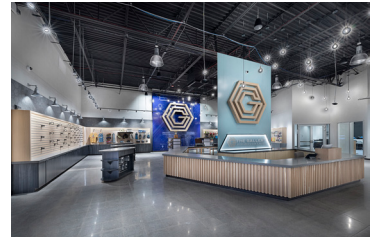


Summary of *Employee Benefits for California*



Plan Year **2024**

About This Guide

Nadel, Inc. provides comprehensive employee benefits as part of our total compensation program. Options in cost and plan design are intended to provide you with the opportunity to customize your benefit plan to meet your lifestyle and personal choices, while offering protection, flexibility and security to you and your family. The decisions you make regarding your enrollment in benefits deserves your careful consideration. Your choices will be in effect for the plan year. You will be able to make changes during the plan year only in the event of an IRS qualified Family Status Change. Be sure to review the plan's covered and non-covered services and any restrictions on your choice of providers.

Benefits Eligibility

Regular full-time employees are eligible to enroll in the medical, dental, vision, basic life, disability insurance and Flexible Spending Account (FSA) benefits on the first of the month following **60 days** of continuous employment (not to exceed 90 days in accordance with ACA provisions).

Benefits-eligible employees who do not enroll at the time of their initial eligibility period have the opportunity to enroll in our benefit plans during our annual open enrollment. You may make changes to your benefits, or add or drop your dependents during this time. Mid-year changes are not permitted unless you experience an IRS qualified Family Status Change. You must notify Human Resources within 30 days of a change in family status.

Employee Costs

Nadel contributes a flat amount of up to \$1,000 for employee only coverage on the BS of CA HMO medical plan. Employee's will be responsible for the premium differential for Employee Only coverage if they choose to enroll on the medical plans.

Nadel contributes 70% of the employee only premium for dental coverage and 100% of the employee only premium for vision coverage. There is no change to the employer contributions towards dependent premiums; employees are responsible for 100% of the cost of dependent premiums. Please refer to your personal EASE access for your employee contributions amounts.

Medical Plan Options



Platinum Access+ HMO 0/30 OffEx (BASE PLAN)

Gold Access+ HMO 0/35 OffEx

Individuals enrolled on the BS of CA HMO must select a Primary Care Physician (PCP) within the Access+ HMO network. Your PCP will coordinate your care and will refer you to specialists within their medical group when necessary. There are no out-of-network benefits.

Medical Plan Features	In-Network: Access+ HMO	In-Network: Access+ HMO
Calendar Year Deductible:		
Per Person	\$0	\$0
Per Family	\$0	\$0
Annual Out-of-Pocket Max:		
Per Person	\$2,700	\$7,500
Per Family	\$5,400	\$15,000
Preventive Care:		
Physical Exams	\$0	\$0
Labs/X-rays/Screenings	\$0	\$0
Office Visits:	\$30 PCP / \$50 Specialist	\$35 PCP / \$60 Specialist
Lab / X-ray Outpatient:	\$30/\$50	\$35/\$55
Hospital Medical Services:		
Inpatient	\$500/ day, 4 day max	\$600/ day, 5 day max
Outpatient	\$150 copay	\$300 copay
Mental Health/Substance Abuse Services:		
Inpatient	\$500/ day, 4 day max	\$600/ day, 5 day max
Outpatient	\$30	\$35
Emergency:	\$250 copay	\$325 copay
Prescription Drugs (Rx): 30-Day Supply		
Tier 1	\$5	\$20
Tier 2	\$15	\$35
Tier 3	\$25	\$55
Tier 4	20% coinsurance; not to exceed \$250 per script	20% coinsurance; not to exceed \$250 per script



Medical Plan Options



Platinum Full PPO 250/15 OffEx

Gold Full PPO 0/35 OffEx

Individuals on this plan may receive care from any provider and/or facility; however, BS of CA has negotiated discounted prices with providers who participate in the Full PPO network. This means that by using in-network providers you will reduce your out-of-pocket expenses. You are not required to designate a Primary Care Physician (PCP) on this plan.

Medical Plan Features	In-Network: Full PPO	Out-of-Network	In-Network: Full PPO	Out-of-Network
Calendar Year Deductible:				
Per Person	\$250	\$1,000	\$0	\$1,000
Per Family	\$500	\$2,000	\$0	\$2,000
Annual Out-of-Pocket Max:				
Per Person	\$4,300 (include deductible)	\$8,600 (include deductible)	\$8,500	\$17,000
Per Family	\$8,600 (include deductible)	\$17,200 (include deductible)	\$17,000	\$34,000
Preventive Care:				
Physical Exams	\$0	Not covered	\$0	Not covered
Labs/X-rays/Screenings	\$0	\$0	\$0	\$0
Office Visits:	\$15 PCP/ \$30 Specialist	40% coinsurance after deductible	\$35 PCP / \$50 Specialist	40% coinsurance after deductible
Lab / X-ray Outpatient:	\$15/\$80	40% coinsurance after deductible up to \$350/day	\$35/\$100	40% coinsurance after deductible up to \$350/day
Hospital Medical Services:				
Inpatient	10% coinsurance after deductible	40% coinsurance after deductible up to \$2000/day	30%	40% coinsurance after deductible up to \$2000/day
Outpatient	\$100 + 10% coinsurance after deductible	40% coinsurance after deductible up to \$350/ day	\$150 copay + 30%	40% coinsurance after deductible up to \$350/ day
Mental Health/Substance Abuse Services:				
Inpatient	10% coinsurance after deductible	40% coinsurance after deductible up to \$2000/day	30%	40% coinsurance after deductible up to \$2000/day
Outpatient	\$15	40% coinsurance after deductible	\$35	40% coinsurance after deductible
Emergency:	\$150 copay + 10% after deductible		\$250 copay + 30%	
Prescription Drugs (Rx):				
30-Day Supply				
Tier 1	\$10	Not covered	\$20	Not covered
Tier 2	\$35	Not covered	\$45	Not covered
Tier 3	\$55	Not covered	\$60	Not covered
Tier 4	30% coinsurance; not to exceed \$250	Not covered	30% coinsurance; not to exceed \$250	Not covered

Finding a network provider is easy! Visit: <https://mybenefits.cc/nadel/medical-ca/>



Dental and Vision Plans



Guardian Dental PPO

Services	In-Network	Out-of-Network
Calendar Year Deductible	\$50 / Individual \$150 / Family	\$50 / Individual \$150 / Family
Preventative Cleanings, Exams, X-Rays	100% No deductible	80% No deductible
Basic Services Simple Extractions, Diagnostics	90% After deductible	80% After deductible
Major Services Crowns, Bridges, Dentures	50% After deductible	50% After deductible
Annual Maximum	\$2,500	



Guardian Vision - Choice Network

Services	In-Network	Out-of-Network
Deductibles	\$10 for Exam \$25 for Lenses or Frames	\$10 for Exam \$25 for Lenses or Frames
Exam	\$0 \$10 deductible applies	Up to \$45
Lenses (per pair)	Covered in full: Single, Bifocal, Trifocal, Lenticular (\$25 deductible applies)	\$30 - \$100
Frames	\$130 Allowance	Up to \$70

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

Services	In-Network	Out-of-Network
Contact Lenses		
Fitting & Follow Up Exams	Up to \$60 Copay	Not Covered
Elective	\$130 Allowance	Up to \$105
Medically Necessary	Covered in Full	Up to \$210

Finding a network provider is easy! **Visit: <https://mybenefits.cc/nadel/dental/>**
Visit: <https://mybenefits.cc/nadel/vision/>

Accidental Plan

Nadel employees have the opportunity to purchase Accident insurance from Guardian. The Accident coverage provides a lump-sum benefit based on the type of injury (or covered incident) you sustain or the type of treatment you need. Provides benefits for covered accidents that occur off the job. Family coverage is available. You can use this coverage more than once. Wellness benefit available limited \$100 per year.

Employer-Paid Benefits

Nadel, Inc. will offer the following employer-paid benefits through **Guardian** at no cost to full-time employees.

PLAN OFFERED	BENEFIT AMOUNT
Group Life/AD&D	Employee: Flat \$50,000
Long Term Disability	Monthly benefit of 66.67% of your pre-disability earnings Up to a maximum of \$8,000 per month Benefits Duration: SSNRA Elimination Period: 90 days

Also Available...

Employee Assistance Program:

- 3 face-to-face sessions with a counselor
- Available to your family members too!
- 24/7 toll-free access to EAP professionals
- Personal, professional, and financial matters
- Free legal consultation up to 30 minutes with a lawyer

(800) 386-7055

Available 24 hours a day, 7 days a week

Emergency Travel Assistance Program:

- Available to your family members too when traveling in a foreign country or at least 100 miles from home!
- Hospital Admission Coordination
- Prescription Replacement Assistance

(800) 537-2029

Available 24 hours a day, 7 days a week

Flexible Spending Accounts (FSA)

Eligible employees may enroll in the company-sponsored FSA plan administered through Navia Benefit Solutions. You may make pre-tax contributions to your FSA account and use the funds for eligible health and family care expenses approved by the IRS. **Please note that the FSA plans run on a calendar year January 1 - December 31. Open enrollment for the FSA benefits are held each year in the month of November.**

- *Health Care FSA* - you may set aside up to \$3,200 per family annually to use on eligible expenses, including physician fees, deductibles, copayments, dental and vision expenses.
- *Dependent Care FSA* - you may set aside up to \$5,000 per family annually to use on eligible dependent care expenses. If you are married and filing separately, you may set aside up to \$2,500 annually.

Each pay period, a dollar amount specified by you will be deducted from your pay and contributed to your FSA account. Claims may be submitted up to March 31st of each year. A rollover of up to \$640 is allowable under the Health Care FSA; any unclaimed balances remaining in your Dependent Care FSA will be forfeited and do not roll over into the following year. Budget wisely!



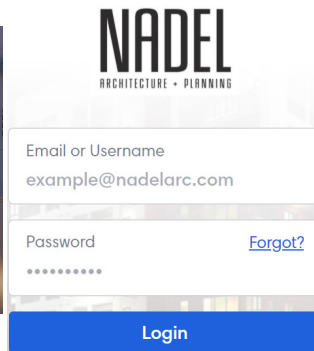
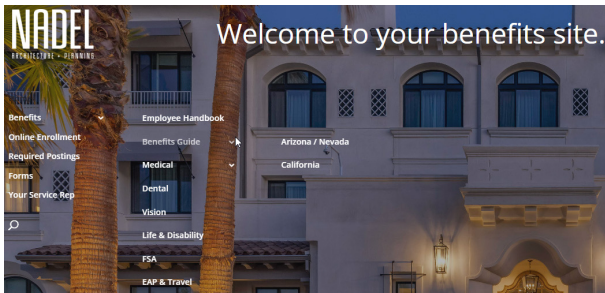
Nadel's Benefit Website

A personalized benefits website has been created for Nadel employees:

<https://mybenefits.cc/nadel/>

This website houses direct links to all the carriers' web sites, group numbers, detailed plan descriptions, and contact information. You can search for in-network doctors and dentists by following the links to directories for each carrier. You can also review plan details and benefit coverage information, or download forms to enroll/make changes to your benefits coverage.

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



Nadel's Benefit Online Enrollment

A personalized benefits enrollment system has been created for Nadel employees:

<https://nadel.ease.com>

To make changes to your benefit elections, enrolling for the first time, waiving coverage, adding or deleting a dependent, please log into ease.

- Log in to Ease per the instructions you have received from your HR administrator or Broker. For optimal performance it is recommended that you use Chrome or Firefox as your browser.
- Click **Start Enrollment** to begin your enrollment.
- Follow the prompts on each page to complete your benefit enrollment. Click **Continue** to proceed to the next section.
- Verify your personal information is correct and enter in any of your dependent information.
- If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.
- Please Select your benefit by selecting **Enrolled** or **Waived** for each plan. Click **Continue** to proceed to the next benefit.
- You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. **Sign Forms**
- Before you review your forms, create your signature. THEN sign your signature and follow the prompts to finish.
- If you have questions, reach out to your HR administrator or Broker.

Important Benefit Contact Information

Carrier / Vendor	Group Number	Phone	Website
Blue Shield of California	W0119339	800.393.6130	www.blueshieldca.com
Guardian	252288	800.541.7846	www.guardiananytime.com
Guardian	252288	888.600.1600	www.vsp.com
Guardian Life/AD&D	252288	888.600.1600	www.guardiananytime.com
Long Term Disability	252288	888.600.1600	
Employee Assistance Program Guardian		800.386.7055	www.ibhworklife.com Login: Matters / Password: wlm70101
Travel Assistance Program Guardian		800.537.2029	ibhtravelaid.com TravelAid ID: 329111
Flexible Spending Account (FSA) Navia Benefit Solutions	NAD	800.669.3539	www.naviabenefits.com
Acrisure Account Manager: Ana Fisher, Acrisure		925.592.5139	afisher2@acrisure.com

If you have ... eligibility questions or unresolved claim issues and need assistance, please contact your Human Resources department, or your Acrisure Account Manager noted above

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

