



Benefit Overview

04/1/2024 to 03/31/2025

OLIPOP offers you and your eligible family members a comprehensive benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Benefit Eligibility:

All active regular employees working 30 or more hours per week are eligible for group insurance benefits on the first of the month following/coinciding your date of hire. You can also enroll the following eligible dependents:

- Your legal spouse or domestic partner
- Your children up to age 26, including stepchildren, adopted children, children placed with you for adoption, children for whom you are legal guardian, foster children and children of your qualified domestic partner.

New Hires:

If you are a new hire, you are able to review and enroll in benefits on the first of the month following your date of hire. Please review the benefits highlighted in this booklet and online on your benefits website prior to making your benefit decisions. You may not make any changes to your benefits throughout the year unless a qualifying event occurs.

Enrollment and Qualifying Events:

After initial enrollment as a new hire, you have the opportunity to make changes to your benefits package each year during open enrollment. All coverage you select during open enrollment will be in effect for a full plan year, unless you experience a qualifying event.

Qualifying Events (Marriage, Divorce, Birth or Adoption, Death and Loss of Coverage), allow you to make changes outside of the Open Enrollment period. If you experience a Qualifying Event after open enrollment, you must notify Human Resources within 30 days, otherwise you will be required to wait until the next Open Enrollment to make any changes to your benefit plan elections.

All enrollments and changes will be managed with the [Gusto](#) (General Benefits) and [Ease](#) (Voluntary Benefits) electronic enrollment platforms. You will be emailed a link to the portal and prompted to change your password the first time you log onto the website. If you are unable to reset your password online, you can use the forgot password option.

Medical Plans



OLIPOP provides employees with three PPO Plans and two HMO Plans through Anthem and Kaiser.

PPO means that members have the flexibility of utilizing both in- and out-of-network providers. However, benefits are optimized when services are obtained through doctors in the Anthem Blue Cross PPO (Prudent Buyer) network. To find an in-network doctor, visit www.Anthem.com, and click on "Find Care" at the top of the screen. Then, choose from the "Member or Guest". Then enter desired criteria, then search. <https://www.anthem.com/>

As a member with Kaiser, you may receive medical care at any Kaiser facility in your area of work or residence, and you have access to a number of free Kaiser programs and services. In addition, Kaiser members can make or change appointments online, e-mail their doctors, and view test results online. The Kaiser plans require that members select a Primary Care Physician (PCP). Your PCP works with you to coordinate your health care needs. www.kp.org

PPO Medical		
Covered Services	Anthem Classic PPO 500/20/40/20 (BASE PLAN)	Anthem Classic PPO 250/20/40/20
	Prudent Buyer Network	Prudent Buyer Network
Calendar Year Deductible: Per Person/Per Family	\$500/\$1,500	\$250/\$750
Annual Out-of-Pocket Max: Per Person/Per Family	\$3,500/\$7,000	\$2,500/\$5,000
Preventive Care: Exams, Maternity/Prenatal Well-child Visits/Immunizations	No charge/No charge No charge/No charge	No charge/No charge No charge/No charge
Physician/Specialist/ Urgent Care/Emergency Room	\$20/\$40 \$20/ \$150 + 20%*	\$20/\$40 \$20/ \$150 + 20%
Diagnostic Lab/X-ray Complex Imaging (CT, MRI, PET)	20%*	20%*
Outpatient/Inpatient "Hospital"		
Prescriptions: Rx RX Deductible	none	none
Tier 1	\$15	\$15
Tier 2	\$30	\$30
Tier 3	\$50	\$50
Tier 4	30% coinsurance up to \$250	30% coinsurance up to \$250
* after medical deductible	Refer to plan summaries for Out of Network benefits	

Medical Plans

PPO Medical		
Covered Services	Anthem PPO (HSA) 1600/3200/4000 20/40 Prudent Buyer Network	Health Savings Account (HSA)
Calendar Year Deductible: Per Person/Per Family	\$1,600/\$4,000	HSA works in conjunction with an employee-owned HSA account. Money can be set aside on a pre-tax basis to offset the deductible and to save for retirement.
Annual Out-of-Pocket Max: Per Person/Per Family	\$4,000/\$8,000	
Preventive Care: Exams, Maternity/Prenatal Well-child Visits/Immunizations	No charge/No charge No charge/No charge	About HSA Accounts: An HSA is an employee-owned personal bank account for you to use for qualified medical, prescription drug, dental, and vision expenses (not just deductible expenses). Employees can contribute to an HSA. Funds in an HSA roll over year-over-year and go with you if you leave Company.
Physician/Specialist/ Urgent Care/ Emergency Room	20%*	
Diagnostic Lab/X-ray Complex Imaging (CT, MRI, PET)		
Outpatient/Inpatient “Hospital”		
Prescriptions: Rx RX Deductible*	Combined with medical	2024 IRS limits: Individual \$4,150.00 Family \$8,300.00
Tier 1	\$15*	
Tier 2	\$40*	
Tier 3	\$60*	
Tier 4	30% coinsurance up to \$250	
* after medical deductible	Refer to plan summaries for Out of Network benefits	

HMO Medical "California Only"		
Covered Services	Kaiser HMO 20	Anthem Premier HMO 20/100%
	In Network only	Prudent Buyer In -Network only
Calendar Year Deductible: Per Person/Per Family	\$0/\$0	\$0/\$0
Annual Out-of-Pocket Max: Per Person/Per Family	\$1,500/\$3,000	\$1,500/\$3,000
Preventive Care: Exams, Maternity/Prenatal Well-child Visits/Immunizations	No charge/No charge No charge/No charge	No charge/No charge No charge/No charge
Physician/Specialist Urgent Care/ Emergency Room	\$20/\$20 \$20/\$100	\$20/\$20 \$20/\$100
Diagnostic Lab/X-ray Complex Imaging (CT, MRI, PET)	\$0/\$0 \$0	\$0/\$0 \$0
Outpatient/Inpatient "Hospital"	\$20/\$0	\$0/\$0
Prescriptions: Rx		
Tier 1	\$10	\$15
Tier 2	\$20	\$30
Tier 3	\$40	\$50
Tier 4	20% coinsurance up to \$250	30% coinsurance up to \$250

Dental Plans



Our dental plan makes dental care more affordable for employees and their families. Remember to choose a dentist contracted with our plan for the biggest dental benefit. Taking care of your mouth, teeth and gums is a big part of making sure you feel your best. Healthy habits like brushing, flossing and seeing your dentist for regular cleanings help prevent problems. Employees have the option to buy up to an NEW enhanced dental plan. <https://www.principal.com/>

Principal Dental		
Covered Services	In-Network	Out-of-Network
Claims Payment Basis	Negotiated Fee	90th percentile of Reasonable & Customary charges
Preventive Exams/Cleanings/X-rays	100%	100% of UCR
Basic Fillings/Extractions/Perio/Endo	80% after deductible	80% of UCR after deductible
Major Crowns/Dentures	50% after deductible	50% of UCR after deductible
Annual Deductible	\$50 individual / \$150 Family	
(BASE PLAN)		
Annual Plan Maximum Benefit	\$1,500	
Orthodontia	50% up to \$1,500 lifetime max (applies to child only to age 19)	
(Buy Up Plan)		
Annual Plan Maximum Benefit	\$3,000	
Orthodontia	50% up to \$3,000 lifetime max (applies to child only to age 19)	

Vision Plan



Our vision plan offers you and your dependents total vision care through Principal. If you enroll in the vision coverage benefit, you have access to the "VSP" network of providers throughout the nation. www.vsp.com

Principal Vision		
Covered Services	In-Network	In-Network Frequency
Exam	\$10	Every 12 months
Frames (instead of contacts)	\$150 Allowance after \$10 copay	Every 12 months
Contacts (instead of frames)	\$150 Allowance	Every 12 months

Short-Term and Long-Term Disability

Employee paid income protection coverage for employees.



Principal Disability	
Plan	Benefit Amount
Short-Term Disability	60% of Gross Salary up to \$2,308 per week after a 7 day elimination period
Long-Term Disability	60% of Gross Salary to \$10,000 per month after a 90 day elimination period

Term Life/AD&D



OLIPOP provides all employees with Basic Life, Accidental Death & Dismemberment (AD&D) Insurance at no cost to you through Principal. You are automatically enrolled for these coverages. Be sure to complete your beneficiary information at time of enrollment and update your information as appropriate.

You may also elect to purchase Voluntary Life Insurance for yourself.

Please Note: If you 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 and are subject to approval by Principal.

Principal Basic and Voluntary Term Life/AD&D		
Group Life	\$50,000	In the event of death, Life Insurance will provide your beneficiaries with financial protection and security.
Group AD&D		
Voluntary Life	Employee	Increments of \$10,000 to a maximum of \$150,000
	Spouse	Increments of \$5,000 to a maximum of \$30,000
	Child	\$10,000

Accident and Critical Illness



Medical insurance pays Doctors and hospitals, Principal pays you cash to use to pay any expenses.

Principal Worksite		
Voluntary Accident		Accidents can happen in an instant affecting you or a loved one. Group accident insurance pays cash benefits that you can use any way you see fit.
Voluntary Critical Illness	Employee	Critical illnesses includes stroke, heart attacks, Parkinson's, cancer, and more. These policies cover over 30 major illnesses. If you happen to get diagnosed with one of these illnesses, you will receive a lump sum cash payment.
	Spouse	
	Child	

EAP & Travel Assistance



You are entitled to additional benefits from Principal.. These additional benefits are provided at no cost to you.

Principal Employee Assistance Program and Travel Assistance	
Employee Assistance Program (EAP)	3 In person or virtual Counseling, Financial Wellness, Legal, Financial, Identity Theft Services, Work-life Web Services 800.450.1327 international 800.662.4504 https://member.magellanhealthcare.com/ When you create an account enter "Principal Core"
Travel Assistance	Whether you're traveling within the US or leaving the county you can rely on AXA Assistance. Lost or Stolen Items or Medical assistance 888.647.2611 international 630.766.7696 https://www.principal.com/travelassistance

NEW Flexible Spending Account



The FSA plan will run from April 1st to March 31st. The FSA plan will allow you to pay for qualified expenses with pre-tax money. Excess funds will be forfeited if they are not used. However, the Medical FSA may allow up to \$640 to rollover to the next plan year. For eligible items click here - <https://www.irs.gov/pub/irs-pdf/p969.pdf>

Flexible Spending Account	
Healthcare FSA	You may set aside up to \$3,200 each plan year to use on eligible expenses, including physician fees, deductibles, co-payments, dental and vision expenses. Employees with an HSA cannot have a traditional Health FSA.
Limited Purpose FSA	Employees enrolled in an HSA may elect to participate in a Limited Purpose FSA. You may set aside up to \$3,200 each plan year to use on non-medical eligible expenses, including dental and vision.
Dependent Care FSA	You may set aside up to \$5,000 per family annually to use on eligible dependent care expenses. If married and filing separately, you may set aside up to \$2,500 annually

Fertility Benefit



We've partnered with Carrot Fertility to provide our employees with inclusive fertility, hormonal health, and family-forming benefits. Employees can use Carrot to get personalized support — regardless of age, race, income, sex, sexual orientation, gender, marital status, and geography.

Benefit
<ul style="list-style-type: none">Annual Benefit Maximum: \$5,000.00 per calendar yearLifetime Benefit Maximum: \$10,000.00 per lifetime of Eligible Employee

401K



Benefit
<ul style="list-style-type: none">Employees are eligible to participate after 90 days of employmentOlipop offers a 3% contribution vested monthlyOffer 2 options, a Roth and a traditional
The 2024 401(k) contribution limit is \$23,000, or 100% of an employee's compensation, whichever is less. Employees who are 50 or older can contribute an additional \$7,500.

Employee Benefits Website

A customized benefits web site has been created for OLIPOP employees at:

mybenefits.cc/OLIPOP

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 OLIPOP 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 OLIPOP's website. You may receive a paper copy of any of the above documents free of charge by contacting the Human Resources department.

Important Benefit Contact Information			
Carrier / Vendor	Group Number	Phone	Website
Anthem Medical	L10477	844.396.2329	https://www.anthem.com/
Kaiser Medical	NCR 608024 / SCR 236571	800.464.4000	www.kp.org
Principal Dental	1187757-10001	800.247.4695	https://www.principal.com/
Principal Vision			
Principal Life/AD&D			
Principal STD/LTD			
Principal EAP	OLIPOP	800.450.1327	https://member.magellanhealthcare.com/
Carrot Fertility	OLIPOP	https://app.get-carrot.com/signup	
Gusto FSA	Individual	https://gusto.wealthcareportal.com/Page/Home	
General Benefits Online Enrollment Platform GUSTO	Individual	https://app.gusto.com/login	
Voluntary Benefits Online Enrollment Platform EASE	Individual	https://olipop.ease.com/	
Guidline 401K	Individual	https://www.guideline.com/	
Acrisure Client Services Support: Ana Fisher Stephanie Baham		Direct: 925.592.5139 Direct: 925.385.5307	olipopbenefits@acrisure.com

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

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



MEDICAL Rates

EE 99%

Dep 60%

Kaiser HMO 20				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$659.06	\$612.19	\$46.87	\$46.87
Employee + Spouse	\$1,449.94	\$1,057.41	\$392.53	\$392.53
Employee + Child(ren)	\$1,186.31	\$909.01	\$277.30	\$277.30
Family	\$2,043.10	\$1,391.33	\$651.77	\$651.77

Anthem Premier HMO 20/40				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$632.78	\$612.19	\$20.59	\$20.59
Employee + Spouse	\$1,392.12	\$1,057.41	\$334.71	\$334.71
Employee + Child(ren)	\$1,139.00	\$909.01	\$229.99	\$229.99
Family	\$1,961.62	\$1,391.33	\$570.29	\$570.29

Anthem Classic PPO 500/20/40 (BASE PLAN)				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$618.37	\$612.19	\$6.18	\$6.18
Employee + Spouse	\$1,360.41	\$1,057.41	\$303.00	\$303.00
Employee + Child(ren)	\$1,113.07	\$909.01	\$204.06	\$204.06
Family	\$1,916.95	\$1,391.33	\$525.62	\$525.62

Anthem Classic PPO 250/20/40				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$660.04	\$612.19	\$47.85	\$47.85
Employee + Spouse	\$1,452.09	\$1,057.41	\$394.68	\$394.68
Employee + Child(ren)	\$1,188.07	\$909.01	\$279.06	\$279.06
Family	\$2,046.12	\$1,391.33	\$654.79	\$654.79

Anthem PPO HSA/HDHP 1600				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$486.50	\$612.19	\$0.00	\$0.00
Employee + Spouse	\$1,070.30	\$1,057.41	\$12.89	\$12.89
Employee + Child(ren)	\$875.70	\$909.01	\$0.00	\$0.00
Family	\$1,508.15	\$1,391.33	\$116.82	\$116.82

Dental / Vision Rates

EE 99%

Dep 80%

Principal DPPO (BASE PLAN)				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$36.30	\$35.94	\$0.36	\$0.36
Employee + Spouse	\$70.36	\$63.19	\$7.18	\$7.18
Employee + Child(ren)	\$93.78	\$81.92	\$11.86	\$11.86
Family	\$135.13	\$115.00	\$20.13	\$20.13

Principal DPPO Buy-Up Plan				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$49.52	\$35.94	\$13.58	\$13.58
Employee + Spouse	\$92.45	\$63.19	\$29.27	\$29.27
Employee + Child(ren)	\$129.26	\$81.92	\$47.34	\$47.34
Family	\$182.22	\$115.00	\$67.22	\$67.22

Principal Vision				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$8.35	\$8.27	\$0.08	\$0.08
Employee + Spouse	\$15.69	\$14.14	\$1.55	\$1.55
Employee + Child(ren)	\$16.05	\$14.43	\$1.62	\$1.62
Family	\$24.92	\$21.52	\$3.40	\$3.40