

Partnership Open Enrollment 2023



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Filice Insurance Agency



2023 Benefits

•MEDICAL:

- Blue Shield of CA | HMO and PPO and H.S.A. options
- Kaiser Permanente | High HMO Plan and H.S.A option
- Western Health Advantage (WHA) | HMO Plan

•DENTAL | Direct Dental

•VISION | Vision Service Plan (VSP)

•LIFE & DISABILITY | Mutual of Omaha

•FLEXIBLE SPENDING ACCOUNT | Navia

•EMPLOYEE ASSISTANCE PROGRAM | Claremont

Key terms



•Deductible

The amount you pay each year before your plan starts to pay



•Copay

A flat fee you pay for covered services like doctor visits



•Coinsurance

Your share of health plan costs (a percentage of total cost) after meeting your deductible



•Out-of-pocket maximum

The most you have to pay out-of-pocket each year for health care services. Check your plan details to see if your deductible is part of your Out-of-Pocket maximum



•Premium

The amount you pay to belong to a health plan

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blue  of california

2023

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Access+ HMOSM Per Admit 20-250

| | |
|---------------------------------|--|
| Annual Deductible | None |
| Calendar-year Copayment maximum | \$2,000 per Individual \$4,000 per Family |
| Preventive Care | \$0 |
| Office Visits | \$20/ visit |
| Inpatient Hospital | \$250/admission |
| Outpatient Services | \$200 |
| Ambulance Services | \$100 |
| Emergency Services | |
| No direct admission | \$150/visit |
| Direct admission | No charge |
| Drug Deductible | \$0 |
| Drug Copayments | \$10/\$30/\$50 |
| Mail Service Prescriptions | \$20/\$60/\$100 |
| Chiropractic & Acupuncture | \$10 copay; 30 combined visits |

Custom PPO Combined Deductible 20-500 80/60

| | Preferred Providers | Non-Preferred Providers |
|--|--|--|
| Annual Deductible | \$500/\$1,000 | \$500/\$1,000 |
| Calendar-year Copayment maximum | \$3,500 per Individual \$7,000 per Family | \$10,500 per Individual \$21,000 per Family |
| Office Visits | \$20/visit | 40% |
| Inpatient Hospital | \$100 then 20% | 40% |
| Outpatient Services | 20% | 40% |
| Ambulance Services | 20% | 20% |
| Emergency Services No direct admission Urgent Care | \$100 + 20% \$20 | \$100 + 20% 40% |
| Chiropractic Services | \$25/visit; 20 visits per calendar year | 40%; 20 visits per calendar year |
| Acupuncture Services | \$25/visit; 20 visits per calendar year | 40%; 20 visits per calendar year |
| Drug Deductible | \$0 | \$0 |
| Drug Copayments | \$10/\$30/\$50 | 25% |
| Mail Service Prescriptions | \$20/\$60/\$100 | Not Covered |

This chart is intended to provide a high-level summary of plan benefits. The Evidence of Coverage and Plan Contract should be consulted for a complete description of plan benefits and coverage.

Full PPO Savings Two-Tier Embedded Deductible 2250/3000/4500 (H.S.A.- compatible)

| | Preferred Providers | Non-Preferred Providers |
|---------------------------------|--|---|
| Annual Deductible | \$2,250/\$3,000/\$4,500 | \$2,250/\$3,000/\$4,500 |
| Calendar-year Copayment maximum | \$3,500 per Individual \$7,000 per Family | \$6,000 per Individual \$12,000 per Family |
| Office Visits | 20% | 50% |
| Inpatient Hospital | 20% | 50% |
| Outpatient Services | 20% | 50% |
| Ambulance Services | 20% | 20% |
| Emergency Services | | |
| No direct admission | \$150 + 20% | \$150 + 20% |
| Urgent care | 20% | 50% |
| Chiropractic Services | 20%; 20 visits per calendar year | 50%; 20 visits per calendar year |
| Acupuncture Services | 20%; 20 visits per calendar year | 50%; 20 visits per calendar year |
| Drug Deductible | Combined with medical | Combined with medical |
| Drug Copayments | \$10/\$25/\$40 | Not Covered |
| Mail Service Prescriptions | \$20/\$50/\$80 | Not Covered |

This chart is intended to provide a high-level summary of plan benefits. The Evidence of Coverage and Plan Contract should be consulted for a complete description of plan benefits and coverage.

Health Savings Accounts through H.S.A Bank

A Health Saving Account (HSA) can help you manage the rising costs of health care. You can pay for qualified medical expenses with pre-tax funds.

- Put aside Federally pre-taxed dollars for medical expenses
- H.S.A's roll over from year to year, and are portable
- Combined only with Kaiser or Blue Shield HDHP plans compatible a Health Savings Account (HSA)

Your HSA account will be with HSABank.com



- Simplified account set-up
- One location to manage member account(s), contributions & payments
- Online reporting and tracking
- Company funded contributions

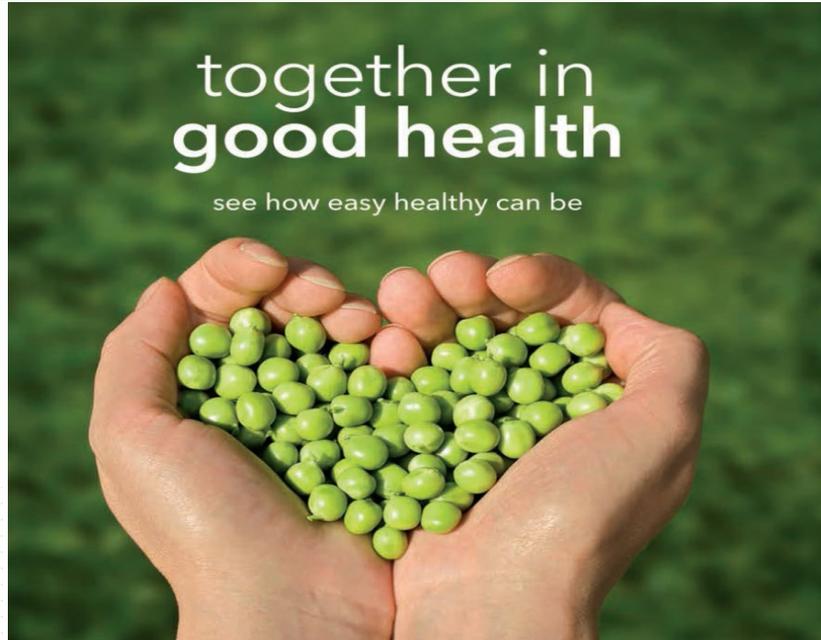
Health Savings Accounts (cont.)

Key Features:

- Partnership will contribute **\$192.50 for individuals or \$385 for families** towards your Blue Shield annual deductible of \$2,250/\$4,500.
- The total annual funding of \$2,310 for individuals or \$4,620 for families exceeds the HDHP deductible and can be used for copay expenses, etc. once the plan deductible has been met.
- 2023 IRS deposit limits: \$3,850 for individuals/\$7,750 for families. Account holders who are 55 years of age or older can contribute an additional \$1,000 for “catch-up” contribution purposes.

*State taxes apply in AL, CA and NJ

KAISER PERMANENTE.  thrive
(In Limited Counties Only)



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Kaiser Permanente (CA Only) Traditional HMO Plan

- \$20 Traditional HMO Plan:
 - ▶ Deductible: None
 - ▶ Well Baby Preventive Care: \$0
 - ▶ Primary/Specialty visits: \$20/\$35 per visit
 - ▶ RX Generic: \$10 for 30-day supply
RX Brand name: \$30 for 30-day supply
 - ▶ Emergency: \$100
 - ▶ In Patient Hospitalization: \$250 admission
 - ▶ Outpatient Surgery: \$100 per procedure
 - ▶ Out of Pocket Maximum: \$1,500 Single / \$3,000 Family
 - ▶ Chiropractic & Acupuncture Benefit: \$10; up to 30 visits

Kaiser Permanente (CA Only) High Deductible Plan (H.S.A-compatible)

- HSA – Qualified Deductible HMO Plan:
 - ▶ Deductible: \$2,000 single / \$4,000 family
 - ▶ Well Baby Preventive Care: \$0
 - ▶ Primary/Specialty visits: \$30 after deductible
 - ▶ RX Generic: \$10 for 30-day supply after deductible
RX Brand name: \$30 for 30-day supply after deductible
 - ▶ Emergency: \$100 after deductible
 - ▶ In Patient Hospitalization: \$250 per admit after deductible
 - ▶ Outpatient Surgery: \$150 per procedure after deductible
 - ▶ Out of Pocket Maximum: \$3,000 Single / \$6,000 Family



advantage > you

2023 WESTERN HEALTH ADVANTAGE



Western Health Advantage



PREMIER HMO 20

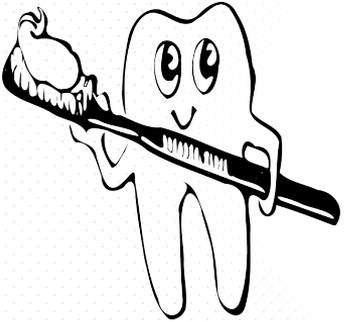
- **Out of Pocket Maximum:** \$1,500 individual / \$2,500 Family
- **Deductible:** \$0
- **Prevention Care:** Free
- **Office Visits:** \$20
- **Lab –X-rays:** \$0
- **Outpatient Hospitalization:** \$100
- **Inpatient Hospitalization:** \$0
- **Urgent Care:** \$35
- **Emergency Room;** \$100
- **Prescription Drugs:** \$10 / \$30 / \$50 (or mail Order 90 day) \$25/ \$75 / \$125

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DIRECT DENTAL

| Dental | PPO In Network | PPO Out of Network |
|--|---------------------------------------|----------------------|
| Preventive Care | <i>100% (3 cleanings a year)</i> | |
| Basic care | 90% after deductible | 80% after deductible |
| Major Care | 60% after deductible | 50% after deductible |
| Orthodontia | 50% adult and child | 50% adult and child |
| Deductible | \$50 per person, \$150 per family | |
| Maximum Benefit | \$3,000 per calendar year per member | |
| Ortho Maximum Benefit | \$1,500 Lifetime Maximum (per member) | |
| www.directdentalplans.com to find a DHA network dentist near you! | | |



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- Exam / Material Co-pay \$20
- Frequency
 - Exams every 12 months
 - Lenses every 12 months
 - Frames every 24 months
 - Contacts (instead of glasses) every 12 months
 - Frame Allowance \$150 (covers anti-reflective coating)
- Benefits
 - Most services and materials covered in full with In-Network Providers
 - Reimbursement benefits available with use of Out-of-Network Providers
 - Laser Vision Correction discounts

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Employer Funded Life Insurance, Short-Term Disability, and Long-Term Disability Programs

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Life and Disability

Life and AD&D

- **1 x salary to a maximum of \$150,000**
- **Accelerated death benefit of \$112,500**
- **Integrated EAP and Travel Assistance program**

Short Term Disability

- **Elimination Period: 7 Days**
- **Benefit Duration: 25 Weeks**
- **Weekly Benefit: 60% of your weekly earnings up to \$2,310**

Long Term Disability

- **Elimination Period: 180 Days**
- **Monthly Benefit: 60% of your monthly earnings up to \$10,000**

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2023 FLEXIBLE SPENDING ACCOUNTS

- Administered by Navia Benefits
- Pay for out-of-pocket health care and dependent day care expenses with pre-tax dollars
- You can save significantly on taxes as these amounts are deducted from your salary before tax withholdings are calculated
- All participants receive a debit card to conveniently pay for your eligible expenses throughout the year
- Three types of accounts: health care, limited purpose, and dependent care

2023 FLEXIBLE SPENDING ACCOUNTS

Health Care FSA - Annual contribution is \$3,050

Dependent Care FSA - Annual contribution is \$5,000

Limited Purpose Health Care FSA - Annual contribution is \$3,050

- For HSA Plan participants only
- For dental and vision expenses only

FSA RULES AND TIMELINES

- Require an active election for each plan year
- If you currently participate, you must enroll again if you want to contribute in 2023
- “Use it or lose it rule” but 2 ½ grace period applies

| 2023 Plan Year | Health Care and LP | Dependent Care |
|----------------|--------------------|-------------------|
| Grace Period | Applies | Not Applicable |
| Use it by... | March 15, 2024 | December 31, 2023 |
| Claim it by... | March 31, 2024 | March 31, 2024 |



CLAREMONT EAP

Responding to the human factor in the world of work.

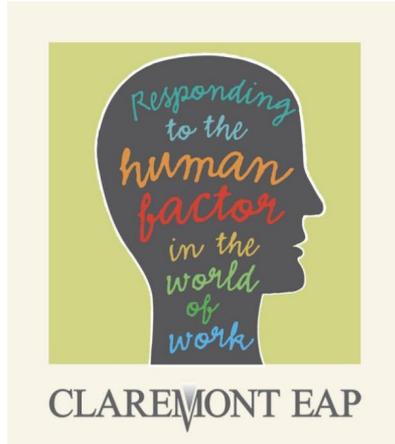
EAP Partnership HealthPlan of California



What is included?

- 5 visits per incident, per rolling 12 months
- Help with any problem:
 - Marital/family/relationship issues
 - Emotional issues like stress, anxiety, depression, grief
 - Work concerns
 - Substance Abuse
- Panel of licensed clinicians in private practice
- Day and evening appointments available
- Referrals to specialist close to work or home

Claremont Personal Advantage



Claremont's Personal Advantage

CPA has over 20,000 online resources at your fingertips 24/7. Resources and tools include: information on health, finance, legal issues, personal growth, stress, emotional wellbeing, family life, and more; in the form of assessments, quizzes, videos, articles, FAQs, forms, calculators, and more!

To register visit:

www.ClaremontEAP.com

Company Name: Partnership
HealthPlan

2022 Employee Costs Per Pay Period

| | BS HMO | BS PPO | BS H.S.A * | K High HMO | K H.S.A** | WHA HMO |
|---------------|----------|----------|------------|------------|-----------|----------|
| EE | \$13.44 | \$13.87 | \$12.35 | \$10.00 | \$9.86 | \$10.28 |
| EE + 1 | \$104.86 | \$108.16 | \$93.27 | \$82.91 | \$77.41 | \$80.19 |
| EE + 2 | \$162.67 | \$167.79 | \$135.79 | \$140.03 | \$119.39 | \$124.39 |
| | | | | | | |

Medical Waive Credit: \$138.50 per pay period

Dental/Vision Waive Credit: \$18.50 per pay period

* Includes H.S.A monthly contributions of **\$192.50/\$385.00** month for Blue Shield HSA members

** Includes H.S.A monthly contributions of **\$192.50/\$385.00** month for Kaiser HSA members

Dental, Vision, Life, Disability, EAP included

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What to do next?

Upcoming Deadlines and Dates

Open Enrollment via ADP Self-Service | November 7 – November 20

Even if there are no changes, employees must review their elections and confirm their enrollments/dependents for 2023

Thank you!

For more information, please visit:
benefits.filice.com/partnership

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