



PARTNERSHIP



HEALTHPLAN
of CALIFORNIA

2024

employee benefits guide
Southern Region

Welcome to Partnership HealthPlan!

This guide provides an overview of coverage choices and enrollment information so you can build the best benefits package for you and your family.

Employee Benefits Overview / Eligibility Requirements

Partnership HealthPlan is committed to providing exceptional benefits to our employees. Keeping in mind the unique and diverse needs of our employees, we have put together a benefits program that will help protect the personal and financial well-being of you and your family.

Upon joining Partnership HealthPlan, your benefits will begin the first of the month following your date of hire. The plan and dependent elections that you make when you are hired or during annual Open Enrollment are effective for the entire plan year unless you experience a qualifying event (marriage, birth, adoption, or loss of coverage).

Partnership HealthPlan holds an annual Open Enrollment for a January 1st effective date. During that time, you can make changes to your benefit plan elections such as adding or deleting your spouse, dependents and/or changing health plans.

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.

Eligible Dependents

You may cover your dependents under many of the benefit plans as long as they are one of the following:

- *Your spouse or domestic partner*
- *Your Biological children, adopted children, step children, and children of a domestic partner up to age 26 regardless of student or marital status*
- *Your disabled child(ren) regardless of age if incapable of self-sustaining employment, and if the disability began before the limiting age*

Medical Insurance

Partnership HealthPlan is proud to offer medical benefits to all eligible employees through Kaiser Permanente, Blue Shield of California and Western Health Advantage.

Kaiser Permanente HMO plans offer a wide range of care and support to help you stay healthy. As a Kaiser member you can receive medical care at any Kaiser facility, simply present your ID card to receive services.

Blue Shield of California has the largest selection of providers nationwide with over 48,000 participating providers. Over 85 percent of all physicians in the United States are part of the Blue Shield network.

Western Health Advantage (WHA) gives you access to nearly 3,000 providers and 30 hospitals and medical centers in our extensive Northern California network.

	Kaiser Permanente		Western Health Advantage
	HSA Deductible HMO	Traditional HMO 20	Premier 20 HMO
Individual Deductible	\$2,000	\$0	\$0
Family Deductible	\$4,000	\$0	\$0
Individual Out of Pocket Max.	\$3,200	\$1,500	\$1,500
Family Out of Pocket Max.	\$6,000	\$3,000	\$2,500
Office Visit	\$30*	\$20	\$20
Specialist Visit	\$30*	\$35	\$20
Preventive Care/Well Baby	\$0	\$0	\$0
Chiropractic/Acupuncture	N/A	\$10 (30 combined visits)	\$15 (20 visits each)
Diagnostic Lab/X-Ray	\$10*	\$0	\$0
Complex Radiology (CT, MRI, PET)	\$50*	\$0	\$0
Inpatient Hospital	\$250/admit*	\$250/admit	\$0
Outpatient Surgery	\$150/procedure*	\$100/procedure	\$100/visit
Urgent Care	\$30*	\$20	\$35
Emergency (waived if admitted)	\$100*	\$100	\$100
Rx Generic	\$10	\$10	\$10
Rx Brand Name	\$30	\$30	\$30
Rx Specialty	20% up to \$150	25% up to \$150	\$50
Group No. Phone No. Web	39768 800-464-4000 www.kp.org		107887 888-563-2250 www.westernhealth.com

*Calendar year deductible applies

	Blue Shield of California		
	Custom PPO Deductible 20-500	Full PPO Savings 2250/3000/4500	Access + HMO 20-250
Individual Deductible	\$500	\$2,250	\$0
Family Deductible	\$1,000	\$4,500	\$0
Individual Out of Pocket Max.	\$3,500	\$3,500	\$2,000
Family Out of Pocket Max.	\$7,000	\$7,000	\$4,000
Office/Specialist Visit	\$20/\$20	20%*/20%*	\$20/\$30
Teladoc	\$0	\$0	\$0
Preventive Care/Well Baby	\$0	\$0	\$0
Chiropractic/Acupuncture*	\$25 (20 visits each)	20%* (20 visits each)	\$10 (30 combined visits)
Diagnostic Lab/X-Ray	\$20*	20%*	\$0
Complex Radiology (CT, MRI, PET)	\$60*	20%*	\$0
Inpatient Hospital	\$100 + 20%*	20%*	\$250
Outpatient Surgery	20%*	20%*	\$200
Urgent Care	\$20	20%*	\$20
Emergency (waived if admitted)	\$100 + 20%	\$150 + 20%*	\$150
Rx Tier 1	\$10	\$10*	\$10
Rx Tier 2/Tier 3	\$30/\$50	\$25*/\$40*	\$30/\$50
Rx Tier 4	30% up to \$250	30% up to \$250*	20% up to \$250
Group No. Phone No. Web	W0053649 888-256-3650 www.blueshieldca.com		

*Calendar year deductible applies

Dental Insurance

Partnership HealthPlan offers its employees and their eligible dependents dental coverage through Direct Dental. The Direct Dental plan provides comprehensive dental care coverage including orthodontia coverage for adults and children.

While you may see any provider, this plan has access to the Dental Health Alliance (DHA) PPO Network. When you visit a DHA in network provider, fees may be up to 30% less than an out of network provider. Visit www.directdentalplans.com to find a DHA network dentist near you.

Dental	In Network	Out of Network
Preventive Services <i>(exams, cleanings, x-rays)</i>	100%	100%
Basic Services <i>(basic fillings, extractions and oral surgery)</i>	90%	80%
Major Services <i>(crowns, inlays and on-lays, bridges and dentures)</i>	60%	50%
Deductible	\$50 individual/\$150 family	\$50 individual/\$150 family
Maximum Benefit	\$3,000 per calendar year (per member)	\$3,000 per calendar year (per member)
Orthodontic (adult and child)	50% up to \$1,500 lifetime	
Group No. PHP0116	855-844-0626	www.directdentalplans.com

Vision Insurance

Partnership HealthPlan employees are offered vision benefits through VSP, which has over 23,000 doctors located in rural and metropolitan areas throughout the nation. Visit www.vsp.com and search using the VSP Signature Network.

VSP Signature Network	In Network
Office Visit / Examination <i>(every 12 months)</i>	\$20 copay
Lens Replacement <i>(every 12 months)</i>	100% after copay
Single Vision	100% after copay
Bifocal	100% after copay
Trifocal	100% after copay
Frame Replacement <i>(every 24 months)</i>	\$150 allowance + 20% discount
Contact Lenses <i>(in lieu of glasses, every 12 months)</i>	\$130 allowance + up to \$60 copay
Group No. 12251672	800-877-7195 www.vsp.com

Health Savings Account (HSA)

An HSA, or Health Savings Account, is a unique tax-advantaged account that can be used to pay for current or future healthcare expenses. When combined with a high-deductible health plan, it offers savings and tax advantages that a traditional health plan can't duplicate. Partnership HealthPlan will be contributing to your HSA account at HSA Bank based on your election status. Partnership will contribute monthly \$345.83 individual/\$691.67 family towards your deductible.

Partnership HealthPlan contributes the maximum IRS limit that you can contribute to an HSA for 2024, which is \$4,100 for individual coverage and \$8,300 for family coverage. If you are 55 or older you may make an additional catch-up contribution of \$1,000. Authorized Signers who are 55 or older must have their own HSA in order to make the catch-up contribution.

Group Life / AD&D Insurance

Partnership HealthPlan provides all eligible employees with a Group Term Life/AD&D policy for 1x your annual salary up to a maximum of \$150,000 through Mutual of Omaha.

Short Term Disability Insurance

Partnership HealthPlan provides all eligible employees with Short Term Disability (STD) coverage through Mutual of Omaha. The STD benefits start on the 8th day following an accident or illness and pays 60% of your salary up to \$2,310 per week for 25 weeks.

Long Term Disability Insurance

Partnership HealthPlan also provides employees with Long Term Disability (LTD) coverage through Mutual of Omaha. The LTD benefit provides you with income if you are not able to return to work after 90 days of disability due to an illness or injury. Mutual will pay up to 60% of your salary to a maximum benefit of \$10,000 per month. LTD benefits are offset by income from other sources such as Social Security and/or Workers' Compensation.

Voluntary Benefits

You may choose to purchase Accident Insurance, Critical Illness Insurance and Whole Life Insurance through Unum during annual Open Enrollment. These benefits provide financial protection for you and your family. You may take the coverage with you at no additional cost should you retire or change employers. For more information, please visit your benefits website at <http://benefits.filice.com/partnership>.

Pet Plan

Partnership HealthPlan employees can now purchase voluntary pet insurance for your dogs and cats. With Pet Benefit Solutions, Total Pet Plan can help you save on everything your pet needs from discounts on veterinarian care & pet products to 24/7 pet telehealth and more! Please find further details on your benefits website.

Employee Assistance Program (EAP) | Claremont

The Claremont EAP is a premier resource dedicated to improving quality of life. Highly skilled licensed professionals are available 24/7 to provide confidential support, guidance and referrals for issues and challenges you may be experiencing. There is no cost to you and many services are covered in full. Following is a brief overview:

- *5 counseling visits per incident*
- *Family, relationship and parenting issues*
- *Child and elder care needs*
- *Emotional and stress-related issues*
- *Conflicts at home or work*
- *Alcohol and drug dependencies*
- *Will preparation*

Travel Assistance Program

As part of your employee benefits package, your Mutual of Omaha Group Life Insurance includes Worldwide Travel and ID Theft Assistance. While traveling more than 100 miles from home you may access travel assistance services 24/7 by calling 800-856-9947. Your travel assistance benefit automatically includes identity theft assistance at no additional cost.

Flexible Spending Account (FSA)

Partnership HealthPlan provides you the opportunity to pay for out of pocket medical, dental and vision for you and your eligible dependents with pre-tax dollars through Flexible Spending Accounts. Employees may contribute a maximum of \$3,200 to the Health Care FSA, \$5,000 to the Dependent Care FSA and \$3,200 to the Limited Purposes Health Care FSA for the 2024 plan year. The Limited Purposes FSA is for HSA plan participants and can be used for dental and vision expenses only.

Retirement Plan | Mission Square Retirement

Partnership HealthPlan provides a retirement plan for eligible employees administered by Mission Square Retirement. The plan has two accounts:

- *457 Deferred Compensation Account - Employees may make their own contributions to this voluntary savings plan through payroll deductions. Participants elect to make contributions to the account on a pre-tax basis. PHC will match employee contributions dollar for dollar up to 6% of salary. The IRS annual limit for 2024 is \$23,000, with a \$7,500 catch up provision for people age 50 and above. Employees are eligible and fully vested upon date of hire. Employees are auto enrolled at default Employer 1% contribution. Employee contribution is voluntary and contribution can be changed at any time during the year.*
- *401(a) Account - Participation in this account is mandatory and employees are auto enrolled upon hire at the appropriate contribution rate as follows: employee contribution of 6.2% for regular employees, 7.2% for senior director level employees and 9.2% for chief level employees. PHC matches all employee levels at 6.2% each pay period.*

For both accounts, participants can elect to invest the contributions in an array of mutual fund options. Contributions and earnings are not taxed until funds are withdrawn, generally upon retirement.

Employees are auto enrolled at plan default investment and contribution options as noted above, but may make changes at any time by creating an online account at www.msqplanservices.org/myplan/303962 and clicking "Need Access? Start here" under Manage My Account

Plan	Vendor	Plan#	Contact
Retirement Plan	Mission Square Retirement	457:303962 401(a): 109278	866-669-7400
Website/Email:	www.icmarc.org/mission-square-retirement		afine@missionsq.org

Employee Contributions Per Pay Period

	Employee Only	Employee + 1	Employee + Family
Kaiser Permanente (HSA Deductible HMO)	\$17.77 PHC Contributes \$345.83 per month	\$141.38 PHC Contributes \$691.67 per month	\$204.19 PHC Contributes \$691.67 per month
Kaiser Permanente (Traditional HMO 20)	\$12.91	\$103.58	\$175.07
Western Health Advantage (Premier 20 HMO)	\$11.98	\$93.42	\$144.91
Blue Shield of California (Custom PPO Deductible 20/500)	\$14.05	\$115.22	\$180.42
Blue Shield of California (Full PPO Savings 2250/3000/4500)	\$16.56 PHC Contributes \$345.83 per month	\$123.74 PHC Contributes \$691.67 per month	\$175.95 PHC Contributes \$691.67 per month
Blue Shield of California (Access + HMO 20-250)	\$13.62	\$111.71	\$174.92
Waiving Coverage	<p>Receive \$138.50/pay period with acknowledgment of waive reason completed through ADP self-service for medical only.</p> <p>Receive \$18.50/pay period with acknowledgment of waive reason completed through ADP self-service for dental/vision combined.</p>		

Acrisure Benefits Team

teamohara@filice.com | For more information: <https://mybenefits.cc/partnership/>

