

Summary of Employee Benefits

September 1, 2024 - August 31, 2025



Medical Insurance

PLM Lender Services, Inc. is proud to offer medical benefits options available to all eligible employees through Kaiser and Anthem Blue Cross. Kaiser and Anthem both make primary care and urgent care videos and phone visits available at no cost. Members can schedule virtual visits in the mobile app or at kp.org (Kaiser) and <http://www.livehealthonline.com> (Anthem).

	Kaiser		Anthem	
	Silver 70 HMO 2500/55 + Child Dental	Gold 80 HMO 1000/40 + Child Dental	Silver PPO 45/\$1750/40% <i>In-Network</i>	<i>Out-of-Network</i>
Individual Deductible	\$2,500	\$1,000	\$1,750	\$3,500
Family Deductible	\$5,000	\$2,000	\$3,500	\$7,000
Out of Pocket Max - Individual	\$8,750	\$7,800	\$9,100	\$18,200
Out of Pocket Max - Family	\$17,500	\$15,600	\$18,200	\$36,400
Preventative Care	\$0	\$0	No charge	50% after ded.
Office Visit	\$55	\$40	\$45	50% after ded.
Specialists Visit	\$90	\$60	\$95	50% after ded.
Urgent Care Visit	\$55	\$40	\$45	50% after ded.
Diagnostic Lab, X-Ray	\$55 / \$90	\$30 / \$60	\$20	50% after ded.
Advanced Imaging	\$300 after ded.	\$350 after ded.	\$100 + 40% after ded.	50% after ded.
Inpatient Hospital	35% after ded.	\$600 per day after ded. (5 day max)	40% after ded.	50% after ded. (\$650 per day max)
Outpatient Surgery (per procedure)	35% after ded.	\$350	\$300 + 40% after ded.	50% after ded.
Emergency (copay waived if admitted)	35% after ded.	\$350	\$300 + 40% after ded.	
Rx Deductible	\$300 Individual \$600 Family	\$250 Individual \$500 Family	\$300 Individual \$600 Family	Not Applicable
Rx Generic	\$19	\$20	\$15 Level 1 pharmacy \$20 Level 2 pharmacy	Not Covered
Rx Preferred Brand	\$85 after Rx ded.	\$50 after Rx ded.	\$70 Level 1 pharmacy \$80 Level 2 pharmacy after Rx ded.	Not Covered
Rx Non Preferred -Formulary	\$85 after Rx ded. (approval needed)	\$50 after Rx ded. (approval needed)	\$110 Level 1 pharmacy \$120 Level 2 pharmacy after Rx ded.	Not Covered
Rx Specialty Drugs (\$250 max per Rx)	30% after Rx ded.	20% after Rx ded.	30% Level 1 pharmacy 40% Level 2 pharmacy after Rx ded.	Not Covered
Group Number	714709		J69628	
Phone Number	1.800.464.4000		1.800.331.1476	
Website	www.kp.org		www.anthem.com/ca	

The plan year deductible and out of pocket maximum will reset every year (Jan. 1 through Dec. 31), regardless of initial enrollment date.

This benefits summary is a general outline of the coverage offered. Please see your evidence of coverage or certificate of insurance for detailed plan information.

Dental Insurance

Dental insurance coverage will be provided through Premier Access for all eligible employees and their dependents. PPO network dentists accept reduced fees for covered services they provide you, so you'll usually pay the least when you visit a PPO network dentist.

**Covered charges are based on the lower of: 1) the dentist's actual charge for the service, 2) the dentist's usual charge for the service, 3) or the UCR amount for the service based on the 90th percentile of dentists in the same geographic area.*

Dental	Premier Choice Network	Preferred Provider Network	Non - Network Provider*
Preventative Care	No charge	No charge	No charge
Basic Care	10% after ded.	20% after ded.	20% after ded.
Major Care	40% after ded.	50% after ded.	50% after ded.
Deductible	\$25 per individual	\$50 per Individual	\$50 per Individual
Maximum Benefit	\$2,000 per calendar year (per member)		

Group Number 17114

1.888.715.0760

www.premierppo.com

Vision Insurance

PLM Lender Services, Inc. employees are offered vision benefits through Vision Service Provider (VSP). VSP has a network of 23,000 providers, located in rural and metropolitan areas throughout the nation. VSP providers offer both eye exams and eyewear, making for a convenient "one-stop" means of obtaining eye care benefits.

Out-of-Network Benefit - Please call 1.800.877.7195 to receive full details on the out-of-network benefits and providers.

Benefit	In-Network
Office Visit Copay	\$10 copay
Examination (1x every 12 months)	\$10 for exam and glasses
Contact Lense Exam (fitting and evaluation)	Copay up to \$60
Lens Replacement (1x every 12 months) Scratch Resistant coating now covered!	
Single Vision	\$0 after copay
Bifocal	\$0 after copay
Trifocals	\$0 after copay
Frame Allowance (1x every 24 months)	Plan pays up to \$150
Contact Lenses (in lieu of glasses, 1x every 12 months)	Plan pays up to \$130

Group Number 30035226

1.800.877.7195

www.vsp.com

Group Life and AD&D Insurance

PLM Lender Services, Inc. offers Life and AD&D Insurance through Sun Life Financial. This is an employer paid benefit.

Benefit	
Benefit	Plan pays up to \$50,000
Accelerated Death Benefit	May collect a portion of your benefits during your lifetime if you become terminally ill
Age Reduction Schedule	Benefits are reduced to 50% at age 70

Group Number 0011570

1.800.247.6875

www.sunlife.com

Long Term Care Insurance

PLM Lender Services, Inc. offers Long Term Care Insurance through UNUM for employees hired prior to 9/01/2024. If you need long term care for a period of time, this policy may help you be prepared for the financial impact. You may need long term care if you are unable to perform two or more activities of daily living such as eating, bathing, dressing, toileting, or transferring, or if you require substantial supervision by another individual to protect your health and safety.

Benefit	3 Years	6 Years	Unlimited Duration
Nursing Facility Benefit Amount In Increments of \$1,000	\$3,000 to \$8,000	\$3,000- \$8,000	\$3,000- \$8,000
Residential Care Facility	70%	70%	70%
Home and Community- Based Care	50%	50%	50%

Elimination Period: 90 consecutive days.

Additional Options: Payment for immediate family member care and inflation protection.

**If you selected an inflation option, and you terminate that inflation option at a future date, you can purchase the inflated coverage amount at your original age.*

**See outline of coverage for additional details.*

Group Number 138541

1.800.227.4165

www.unum.com

Eligibility Requirements

Benefits begin the first of the month following 60 days. Regular full-time employees and those employees who work 20 hours or more per week are eligible. Eligible dependents are: Spouse or registered domestic partner; Children up to age 26; any dependent child who is incapable of self-support because of mental or physical disability.

PLM Lender Services, Inc. Open Enrollment is held every year in the month of August for a September 1st effective date. At this time, you can make changes to your benefit plan elections such as adding or deleting spouses and dependents and changing health plans. However, 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.



New Hires and Open Enrollment

Review and confirm your benefit elections. Verify your personal information, including beneficiaries. You can make changes to your current plan selections, elect benefits during open enrollment, even if you have previously waived coverage. You may also add family members to your benefits at this time.

What you need to complete for Open Enrollment:

- Benefit Election Form (even if you are waiving coverage).
- Anthem enrollment form.
- Kaiser enrollment form or change form if you are making changes.
- Premier Access enrollment form to enroll on dental coverage.
- VSP enrollment form for vision coverage, if enrolling for the first time or making changes to dependents.

Visit your benefits website for further explanation of benefits at

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



Questions

If you have questions or unresolved issues after contacting member services at one of our insurance providers, you are welcome to contact our Acrisure Service Representative Lisa Zesati. She will answer any questions you may have concerning your employee benefits, claim problems and administrative issues.

Acrisure Representative: Lisa Zesati

Email: lzesati@acrisure.com

Phone: 408.350.8411



This summary is not intended to provide a complete plan description. If there is an actual or apparent conflict between this benefit summary or the Evidence of Coverage (EOC) booklet and the official plan documents, the provisions of the EOC prevail.

IMPORTANT All official documents relating to the PLM Lender Services, Inc. and PLM Loan Management Services, Inc. Employee Benefits Program, including the Summary Plan Descriptions, HIPAA Privacy Notice, Initial COBRA Notice, Medicare Part D Notice and any other relevant Plan Documents or Notices, are available electronically through the PLM Lender Services, Inc. and PLM Loan Management Services, Inc. benefits website. You may also receive a paper copy of any of the documents by contacting HR.

Broker's License Number 0123365

6/07/2024