



Benefit Guide

Plan Year: July 1, 2023 to June 30, 2024

**For Benefit Related Questions, Please
Contact: Katie Hutton – Client Service Manager**
Office: (925) 299-7207
Email: khutton@filice.com



Employee Benefits - Introduction

Effective July 1, 2023

WELCOME TO YOUR BENEFITS!

San Francisco Parks Alliance values our employees and provides a comprehensive and competitive benefits package of quality Health Care, Dental, Vision, Chiropractic/Acupuncture and Life insurance benefit plans. We also offer a Flexible Spending Account for Health Care, Dependent Care and Transportation Commuter Benefits to our employees so that they may pay for these services with pre-tax dollars and reduce their taxable income.

We hope this Benefit Guide is a useful tool that can help you to understand the SFPA benefit options available to you, and to assist you with making your benefit decisions. For additional information about your benefits, please contact our Employee Benefits Consultant, Katie Hutton at khutton@filice.com or (925) 299-7207.

ELIGIBILITY:

- Employees are eligible to enroll in SFPA's Employee Benefit plans if they are a regular full-time employee working 30+ hours per week.
- Benefits begin on the first of the month following 30 days of full-time employment.
- Employees can enroll their Spouse or Domestic Partner and/or children up to age 26.
- Employees can only make changes to their coverage or enrollment during the annual Open Enrollment - unless they have a life qualifying event, such as a change in family status (marriage, birth, or adoption of child) or loss of other coverage. The employee must notify Human Resources timely and submit their Enrollment or Change Form to SFPA within 30 days of the qualifying event. Otherwise, the employee may not make changes to their benefit election until the next Open Enrollment period.
- For the 2023-2024 plan year, Open Enrollment is the month of May with changes to become effective July 1, 2023.

PREMIUM COST SHARING:

- **Medical:** SFPA pays 100% of the employee premium for the "core" Kaiser Gold 80 HMO 250/25 plan. If the employee wishes to enroll in a more expensive medical plan, then they will have to pay the difference in premium via a payroll deduction. If the employee covers their dependents (spouse, domestic partner and/or children), SFPA will pay 25% of the dependent's medical premium. The employee will have to pay the balance via a payroll deduction.
- **Dental:** SFPA pays for 100% of the employee's dental premium, and 0% for dependent's premium.
- **Vision:** SFPA pays for 100% of the employee's vision premium, and 0% for dependent's premium.
- **Chiropractic & Acupuncture:** SFPA pays for 100% of the employee's premium, and 0% for dependent's premium.
- **Basic Life/AD&D:** SFPA pays for 100% of the employee's premium.
- **Voluntary Life/AD&D:** The employee pays for 100% of the Voluntary Life premiums.
- For any premiums that are deducted from the employee's paycheck, the premiums will be deducted from the employee's wages before taxes.

MEDICAL INSURANCE:

San Francisco Parks Alliance offers many health plan choices to meet you and your family's health care needs.

- **Kaiser Permanente** – SFPA offers Platinum, Gold, and Silver HMO plans with various copays for office visits, lab and diagnostic, hospitalization, and prescriptions.
 - With Kaiser, members need to get all of their care from Kaiser Medical Centers and Hospitals (except for emergencies). There are many Kaiser facilities in the Greater Bay Area in which to receive care.
 - Details for all plans can be found on the benefit website <https://benefits.filice.com/sfpa/>

- **Blue Shield of California** – SFPA offers Platinum, Gold and Silver HMO and PPO plans with various copays for office visits, lab and diagnostic, hospitalization, and prescriptions.
 - With a Blue Shield HMO plan, members must choose a Primary Care Physician (PCP) within a Medical Group and receive all of their primary and specialty care from that Medical Group. Members can change their PCP and Medical Group by calling Blue Shield's Member Services Department. In most cases, HMO members need to get a referral from their PCP to see a Specialist. But Blue Shield offers a benefit feature called Access + Specialist which allows members to self-refer to a Specialist in the same Medical Group as their PCP.
 - With a Blue Shield PPO plan, members do not need to choose a Primary Care Physician (PCP) or work within a Medical Group. PPO plans offer the most flexibility of all of the health plans. Members can go to Blue Shield PPO contracted physicians, or to physicians out-of-network. Members may also access care from any of the Blue Cross/Blue Shield providers in other states, called Blue Card providers. Blue Shield PPO members do not need a referral to see a Specialist.
 - Details for all plans can be found on the benefit website <https://benefits.filice.com/sfpa/>

- Please refer to the Kaiser and Blue Shield Benefit Summaries for complete details of coverage.

DENTAL INSURANCE:

SFPA offers a PPO Dental plan with Principal Financial. With this dental plan, you can go to a dentist that is contracted with Principal Financials' PPO or EPO networks to receive discounted fees, or you can go to any dentist of your choice. If you go to a dentist that is not in Principal Financials' network, dental claims will be paid at the 90th percentile of UCR (the usual, customary, and reasonable fee schedule).

- Principal Financial will pay your covered dental expenses up to \$1,750 per calendar year.
 - Preventive Services (such as cleanings, x-rays, and oral exams) are covered at 100%.
 - Basic Services are covered by the dental plan at 80% after the \$50 deductible. Basic Services include fillings, endodontics, periodontics, and oral surgery.
 - Major Services are covered at 50% and include services such as crowns, bridges, implants, and other prosthetics.
- SFPA pays 100% of the employee's dental premium. If employees wish to cover their dependents, they must pay for their dependent's premiums via a payroll deduction.
- Please refer to the Principal Dental Benefit Summary for complete details of coverage.

VISION INSURANCE:

SFPA offers Vision coverage with VSP (via Principal). The Vision plan provides an eye exam every calendar year, and new lenses and frames every calendar year. If you prefer to wear contacts, you can use your vision benefits for contact lenses in lieu of frames and lenses.

- It is beneficial to use contracted VSP providers, as the out-of-network benefits on the vision plan are limited. You can find Vision providers by going to principal.com/vsp
- SFPA pays 100% of the employee's vision premium. If employees wish to cover their dependents, they must pay for their dependent's premiums via a payroll deduction.
- Please refer to the Principal Vision Benefit Summary for complete details of coverage.

ACUPUNCTURE & CHIROPRACTIC CARE:

SFPA offers Acupuncture and Chiropractic care through Landmark Health Plan. The plan provides up to 30 visits per plan year for injury and illness, and the copay is \$15 per visit.

- In order to receive your Landmark Health benefits, you must use a contracted provider with Landmark Health. You can find a licensed Acupuncturist and/or Chiropractor at www.LHP-CA.com.
- SFPA pays 100% of the employee's Landmark Health premium. If employees wish to cover their dependents, they must pay for their dependent's premiums via a payroll deduction.
- Please refer to the Landmark Health Plan Benefit Summary for complete details of coverage.

BASIC LIFE & AD&D INSURANCE:

SFPA provides every benefit eligible employee with \$15,000 of Life and AD&D insurance with Principal Financial. There is no cost to the employee for this coverage.

- The employee will be asked to designate their life insurance beneficiary on the Principal Financial enrollment form. An employee may change their beneficiary as often as needed. The beneficiary is the person (or persons) who will receive the life insurance proceeds if the employee dies while covered on the plan.
- Please refer to the Principal Financial Benefit Summary for details of coverage.

VOLUNTARY LIFE/AD&D INSURANCE:

SFPA provides additional Voluntary Life and AD&D Insurance with The Hartford to our employees in case they need additional life insurance coverage. Employees pay for their Voluntary Life premiums via a payroll deduction. The premiums are based on the employee's age.

- Employees can purchase Voluntary Life/AD&D in increments of \$10,000 up to a maximum of \$250,000. The maximum amount cannot exceed more than 3 times the employee's salary. If the employee purchases the Voluntary Life/AD&D insurance when they are first eligible (first of the month following 30 days from date of hire), the employee can qualify for \$100,000 of guaranteed issue coverage. If the employee wants to purchase more than \$100,000, the amount over \$100,000 is subject to medical underwriting and the employee will have to complete a health statement.
- If the employee does not apply for the Voluntary Life insurance when first eligible, and decides to apply later, the employee will have to complete a health statement for the full amount of Voluntary Life coverage being requested.
- If the employee is enrolled on the Voluntary Life plan, they may cover their Spouse/Domestic Partner on the plan also. Spouse/Domestic Partners can enroll in increments of \$5,000, and their coverage cannot exceed 50% of the employee's coverage amount. A Spouse/Domestic Partner can qualify for \$25,000 of guaranteed issue coverage if enrolled when first eligible.
- Please refer to The Hartford Voluntary Life/AD&D Benefit Highlight Sheet and Enrollment Form for complete details of coverage. Pricing can be found in Ease when applying for coverage.

FLEXIBLE SPENDING ACCOUNT (FSA):

SFPA offers three types of FSA plans to its employees. Employees can participate in all three plans, or just one that fits their needs. FSA applies to eligible out-of-pocket expenses that you cover with your spendable income and allows you to pay for these expenses with pre-tax income. Eligible expenses include medical deductibles or hospital copays, child daycare expenses, or public transportation to and from work.

- The three types of FSA plans are as follows:
 - **Health Care FSA** – you may set aside pre-tax dollars to cover eligible medical expenses that are not covered by insurance. The account helps you budget for expenses such as deductibles, office visit copays and prescriptions copays. Please refer to the IRS list of eligible expenses.
 - **Dependent Care FSA** – you may use pre-tax dollars to cover eligible work-related dependent care expenses for qualified dependents. A qualified dependent is a dependent under the age of thirteen.
 - **Commuter Transportation Plan** – A Transit Plan allows you to set aside hard-earned dollars on a pre-tax basis to pay for the expense of getting to and from work. Transit plans cover qualified parking, transit passes (for BART, Muni, etc.) and vanpooling costs.
- FSA plans allow you to withhold a pre-determined “election amount” from each paycheck on a pre-tax basis. To be reimbursed for the eligible expenses, you simply use your TAG Benefit Card to pay for your prescription, medical office visit, BART ticket or parking for work.
- The maximum contribution amounts per year and month are:
 - 2023 Health Care FSA - \$3,050 maximum/year
 - 2023 Dependent Care FSA - \$5,000 maximum/year/household
 - 2023 Commuter Transit Pass - \$300 maximum/month
 - 2023 Commuter Qualified Parking - \$300 maximum/month



KAISER – HMO Benefit Description

Effective July 1, 2023

Benefit Description	Kaiser Platinum 90 HMO 0/20	Kaiser Gold 80 HMO 250/35
Kaiser Contact Information	www.kp.org Member Services: (800) 464-4000 Customer Group ID: 658321	
Plan Deductible (per calendar year)	None	\$250 Individual \$500 Family
Out-of-Pocket Maximum	\$4,500 Individual \$9,000 Family	\$7,800 Individual \$15,600 Family
Office Visits	PCP: \$20/Visit Specialist: \$30/Visit	PCP: \$35/Visit Specialist: \$55/Visit
Preventive Wellness Office Visits	No Charge	No Charge
X-Ray, Lab & Tests	Lab: \$20/Encounter X-ray & Diagnostic: \$30/Encounter MRI/CT/PET: \$100/Procedure	Lab: \$35/Encounter X-Ray & Diagnostic: \$55/Encounter MRI/CT/PET: \$250/Procedure
Hospital – Inpatient	\$250 per day up to 5 days per admission	\$600 per day up to 5 days per admission
Hospital – Outpatient	\$125 per procedure	\$335 per procedure
Emergency Department Visits	\$150 per visit (copay waived if admitted directly to hospital)	\$250 per visit (copay waived if admitted directly to hospital)
Prescription – Retail (30 Day Supply)	Contraception: No Charge Generic: \$5 Copay Brand: \$20 Copay Specialty: 10% up to \$250 maximum	Contraception: No Charge Generic: \$15 Copay Brand: \$40 Copay Specialty: 20% up to \$250 maximum

- This is a summary of benefits. Please refer to the Kaiser Benefit Summaries for complete policy provisions.



KAISER – HMO and HMO HDHP Benefit Description

Effective July 1, 2023

Benefit Description	Kaiser Silver 70 HMO 1900/65	Kaiser Silver 70 HDHP 2700/25%**
Kaiser Contact Information	www.kp.org Member Services: (800) 464-4000 Group ID: 658321	
Plan Deductible (per calendar year)	\$1,900 Individual \$3,800 Family (deductible applies to Inpatient Hospital, Outpatient Surgery, Complex Imaging and ER Visits)	(deductible applies to medical & pharmacy) \$2,700 Self-Only (a family of 1 member) \$3,000 Individual (each member of a family with 2 or more members) \$5,400 Family (entire family of 2 or more members)
Out-of-Pocket Maximum	\$8,750 Individual \$17,500 Family	\$7,200 Individual \$14,400 Family
Office Visits	PCP: \$65/Visit Specialist: \$100/Visit	PCP or Specialist: 25% after plan deductible
Preventive Wellness Office Visits	No Charge	No Charge
X-Ray, Lab & Tests	Lab: \$30/Encounter X-Ray & Diagnostic: \$75 /Encounter MRI/CT/PET: \$400/Procedure	25% after plan deductible
Hospital – Inpatient	45% (after deductible)	25% after plan deductible
Hospital – Outpatient	45% (after deductible)	25% after plan deductible
Emergency Department Visits	45% (after deductible)	25% after plan deductible
Prescription – Retail (30 Day Supply)	Contraception: No Charge Generic: \$20 Copay Brand: \$100 Copay Specialty: 20% up to \$250 maximum	All prescription drugs: 25% per prescription up to \$250 maximum after plan deductible

This is a summary of benefits. Please refer to the Kaiser Benefit Summary for complete policy provisions.

****The Kaiser Silver 70 HDHP 2700/25% plan is an H.S.A. eligible health plan.** The H.S.A. can be administered through Kaiser Permanente. This plan has an embedded deductible and out-of-pocket maximum. Each family member will begin paying copay or coinsurance after meeting his or her individual deductible or out-of-pocket maximum (depending on the benefit), or when the family deductible or out-of-pocket maximum is satisfied. Individual family members aren't subject to cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met.

BLUE SHIELD – HMO Benefit Description

Effective July 1, 2023

Benefit Description	Blue Shield Platinum Access+ HMO 0/25
Blue Shield Contact Information	www.blueshieldca.com Member Services: (888) 256-1915 Group Account Number: W0018549
Deductible (per calendar year)	None
Out of Pocket Maximum (include deductible, copays, and coinsurance)	\$2,350 Individual \$4,700 Family
Office Visits	PCP: \$25/Visit Specialist: \$50/Visit Self-referral to Access+ Specialist: \$50/Visit
Preventive Wellness Office Visits	No Charge
X-Ray, Lab & Tests	Lab & Pathology - \$20/Visit X-ray & Imaging - \$50/Visit
Hospital – Inpatient	\$250 per day up to a maximum of 3 days per admission
Hospital – Outpatient	Ambulatory Center – \$100/Surgery Outpatient Surgery in Hospital – \$150/Surgery
Emergency Room	\$250 per Visit (copay waived if admitted to hospital)
Prescription – Retail (30 Day Supply)	Contraception: No Charge Tier 1: \$5 Tier 2: \$15 Tier 3: \$25 Tier 4: 20% up to \$250/Rx Specialty: 20% up to \$250/Rx

- This is a summary of benefits. Please refer to the Blue Shield Summary of Benefits for complete policy provisions.



BLUE SHIELD – PPO Benefit Description

Effective July 1, 2023

Benefit Description	Blue Shield Platinum Full PPO 250/15 In Network Only	Blue Shield Gold Full PPO 500/30 In Network Only
Blue Shield Contact Information	www.blueshieldca.com Member Services: (888) 256-1915 Group Account Number: W0018549	
Deductible <small>(per calendar year)</small>	In Network: \$250 Individual \$500 Family Out of Network: \$1,000 Individual \$2,000 Family	In Network: \$500 Individual \$1,000 Family Out of Network: \$1,000 Individual \$2,000 Family
Coinsurance	In Network: 10% after deductible Out of Network: 40% after deductible	In Network: 20% after deductible Out of Network: 40% after deductible
Out of Pocket Maximum <small>(includes deductible, copays, and coinsurance)</small>	In Network: \$4,300 Individual \$8,600 Family Out of Network: \$8,600 Individual \$17,200 Family	In Network: \$8,500 Individual \$17,000 Family Out of Network: \$17,000 Individual \$34,000 Family
Office Visits	PCP: \$15/Visit Specialists: \$30/Visit	PCP: \$30/Visit Specialists: \$55/Visit
Preventive Wellness Office Visits	No charge	No Charge
X-Ray, Lab & Tests	Lab: \$15/Visit X-Ray: \$30/Visit Imaging: 10%	Lab: \$30/Visit X-Ray: \$50/Visit Imaging: 20%
Hospital – Inpatient	10% Coinsurance	20% Coinsurance
Hospital – Outpatient	10% Ambulatory Center \$100 + 10% Outpatient Surgery at Hospital	20% Ambulatory Center \$150 + 20% Outpatient Surgery at Hospital
Emergency Room	\$150 per Visit + 10% (copay waived if admitted to hospital)	\$250 per Visit + 20% (copay waived if admitted to hospital)
Prescription – Retail <small>(30 Day Supply)</small>	Contraception: No Charge Tier 1: \$5 Tier 2: \$30 Tier 3: \$50 Tier 4: 30% up to \$250/Rx Specialty: 30% up to \$250/Rx	<u>Pharmacy Deductible:</u> \$100 Individual/\$200 Family Contraception: No Charge Tier 1: \$15 Tier 2: \$50 Tier 3: \$80 Tier 4: 30% up to \$250/Rx Specialty: 30% up to \$250/Rx

- This is a brief summary of benefits. Please refer to the Blue Shield Summary of Benefits for complete policy provisions.



BLUE SHIELD – PPO High Deductible Benefit Description

Effective July 1, 2023

Benefit Description	Blue Shield Silver Full PPO 2000/60 In Network Only
Blue Shield Contact Information	www.blueshieldca.com Member Services: (888) 256-1915 Group Account Number: W0018549
Deductible (per calendar year)	In Network: \$2,000 Individual \$4,000 Family Out of Network: \$4,000 Individual \$8,000 Family (Separate deductible for Pharmacy)
Coinsurance	In Network: 35% after deductible Out of Network: 50% after deductible
Out of Pocket Maximum (includes deductible, copays, and coinsurance)	In Network: \$8,750 Individual \$17,500 Family Out of Network: \$17,500 Individual \$35,000 Family
Office Visits	PCP: \$60/Visit Specialists: \$80/Visit
Preventive Wellness Office Visits	No Charge
X-Ray, Lab & Tests	Lab: \$60/Visit X-ray & Imaging: \$80/Visit
Hospital – Inpatient	35% Coinsurance
Hospital – Outpatient	Ambulatory Center: 35% Outpatient Surgery at Hospital: \$250 + 35%
Emergency Room	\$300 per Visit + 35% (copay waived if admitted to hospital)
Prescription – Retail (30 Day Supply)	<u>Pharmacy Deductible:</u> \$350 Individual/\$700 Family Contraception: No Charge Tier 1: \$25 (deductible waived) Tier 2: \$80 Tier 3: \$115 Tier 4: 30% up to \$250/Rx Specialty: 30% up to \$250/Rx

This is a brief summary of benefits. Please refer to the Blue Shield Summary of Benefits for complete policy provisions.10

PRINCIPAL DENTAL - Benefit Description

Effective July 1, 2023

Benefit Description	Principal Financial Dental POS Plan
Principal Dental Contact Information	www.principal.com/dental Customer Service (800) 247-4695 Group Policy Number: 1035454
Deductible (per calendar year)	EPO: \$0 PPO: \$50 per member OON: \$50 per member (deductible waived for Preventive Services)
Annual Maximum (per calendar year)	\$1,750 (Annual Maximum Rollover Benefit)
Preventive Services Cleanings, X-rays, Oral Exams, Fluoride Treatment	(Deductible Waived) EPO: 100% PPO: 100% OON: 100%
Basic Services Composite Fillings, Periodontics, Endodontics, Oral Surgery, Sealants, Emergency Treatment	EPO: 80/20% PPO: 80/20% OON: 80/20%
Major Services Bridges, Inlays, Onlays, Crowns, Dentures, Repairs, Implants	EPO: 50/50% PPO: 50/50% OON: 50/50%
Orthodontia	Not Covered
Out-of-Network Claims Reimbursement	90th Percentile (what 9 out of 10 dentists charge in your zip code area is considered Usual, Customary & Reasonable fees)
Benefit Waiting Period	None
Annual Open Enrollment	Yes – Included

This is a brief summary of benefits. Please refer to the Principal Dental benefit summary and certificate of coverage for complete policy provisions.

IMPORTANT - Pre-determination of Benefits: Before treatment begins for periodontal gum treatment or cleanings, inlays, onlays, single crowns, prosthetics, and oral surgery, please have your dentist file a dental treatment plan to Principal Financial. Principal will provide a written response indicating how dental benefits will be paid for the proposed treatment.



PRINCIPAL Vision - Benefit Description

Effective July 1, 2023

Benefit Description	Vision Service Plan VSP	
VSP Vision Contact Information	principal.com/vsp Customer Service (800) 877-7195 Group Policy Number: 1035454	
Copays	\$10 Exam Copay \$10 Materials Copay	
Plan Frequency	Exam – Once every calendar year Lenses – Once every calendar year Frames – Once every calendar year Contacts Lenses (in lieu of Frames/Lenses) – Once every calendar year	
Provider Network	VSP Provider (member copays)	Non-Participating Provider (amount reimbursed by the plan)
Comprehensive Exam	\$10 Copay	\$45 Allowance
Standard Lenses	\$10 Copay	\$30 Allowance
Bifocal	\$10 Copay	\$50 Allowance
Trifocal	\$10 Copay	\$65 Allowance
Frames	Up to \$130 (then 20% off balance)	\$70 Allowance
Contact Lenses – Elective:		
Conventional Lenses	\$130 Allowance (then 15% off balance)	\$105 Allowance
Disposable Lenses	\$130 Allowance	\$105 Allowance
Contact Lenses - Medically Necessary	Covered in Full	\$210 Allowance
Contact Lens Fittings	\$60 copay	

- This is a brief summary of benefits. Please refer to the Principal Vision benefit summary for complete policy provisions.

LANDMARK Health Plan - Benefit Description

Effective July 1, 2023

Benefit Description	Landmark Health Plan Chiropractic & Acupuncture Plan	
Landmark Health Contact Information	www.LHP-CA.com Customer Service (800) 298-4875 Group Policy Number: LH887W*000	
Office Visit	\$15 Copay per visit	
Maximum Annual Visits (per plan year 7/1 – 6/30)	30 Visits (combined chiropractic and acupuncture)	
Emergency Care	\$15 Copay	
Durable Medical Equipment	\$50 annual maximum benefit	
Monthly Rates		<u>Cost to Cover Dependents</u>
Employee Only	\$7.38	\$0.00
Employee + Spouse/Domestic Partner	\$14.72	\$7.34
Employee + Children	\$11.15	\$3.77
Employee + Family	\$21.34	\$13.96

This is a brief summary of benefits. Please refer to the Landmark Health Plan benefit summary for complete policy provisions.

Principal Basic Life/AD&D - Benefit Description

Effective July 1, 2023

Benefit Description	Principal Financial Basic Life/AD&D Coverage (Employer Paid Life Insurance)
Life Benefit Amount	\$15,000
Accidental Death & Dismemberment Benefit Amount	\$15,000
Benefit Age Reduction	35% reduction at age 65, and an additional 15% reduction at age 70
Accelerated Benefits	Terminally ill employees can receive up to 75% of their life insurance benefit if their life expectancy is 12 months or less as diagnosed by a physician.

This is a brief summary of benefits. Please refer to the Principal Financial Basic Life/AD&D benefit summary for complete policy provisions.

San Francisco Parks Alliance pays 100% of the life insurance premiums.

The Hartford - Voluntary Life/AD&D Benefit Description

Effective July 1, 2023

Benefit Description	The Hartford Voluntary Life/AD&D Coverage (Employee Paid Life Insurance)	
	Employee	Spouse/Domestic Partner
Life Benefit (includes Accidental Death & Dismemberment)	<p>Employees can purchase benefits in \$10,000 increments.</p> <p>Minimum Amount: \$10,000 Maximum Amount: 3 x annual earnings up to \$250,000</p> <p>Guarantee Issue Amount: \$100,000</p> <p>Amounts over the Guarantee Issue amount require evidence of good health and have to complete a health statement.</p>	<p>Employee coverage is required for Spouse/Domestic Partner to be covered. Employees can cover their Spouse/Domestic Partner in \$5,000 increments. Spouse/Domestic Partner coverage cannot exceed 50% of employee amount.</p> <p>Minimum Amount: \$5,000 Maximum Amount: \$25,000</p> <p>Guarantee Issue Amount: \$25,000</p>
Benefit Age Reduction	35% reduction at age 65, and 50% of original amount age 70.	
Accelerated Benefits	Terminally ill employees can receive up to 80% of their life insurance benefit if their life expectancy is 12 months or less as diagnosed by a physician.	
Portability	Employees may continue coverage for themselves and any covered dependents if they leave the employer prior to their SSNRA (Social Security Normal Retirement Age). To elect portability, the employee must apply and pay for their premium within 31 days of the termination date. Evidence of Insurability is not required.	

IMPORTANT:

To be eligible for the Employee Guarantee Issue amount of \$100,000, new hire Employees must enroll themselves (and their dependents) when they are first eligible (first of the month following 30 days from date of hire). The Employee must enroll their Spouse/Domestic Partner when first eligible to have the \$25,000 Guarantee Issue coverage for Spouse/Domestic Partner. Guarantee Issue means that coverage is guaranteed with no health questions or exams required. If the employee waits to enroll for Voluntary Life after they are first eligible, the employee loses the guarantee issue coverage, and the full amount of coverage requested will be subject to medical underwriting, and the employee will have to provide a health statement.

There is NO annual open enrollment for Voluntary Life. Health statements are required for any late entrant applications after the initial eligibility period.

Please refer to the Hartford Voluntary Life Benefit Highlight Sheet and Enrollment Form for complete provisions of coverage. Pricing is available through Ease.

The Advantage Group (TAG) – Flexible Spending Accounts & Commuter Program

Effective July 1, 2023

SFPA offers three types of FSA plans to its employees. FSA applies to eligible out-of-pocket expenses that you cover with your spendable income and allows you to pay for these expenses with pre-tax income. Eligible expenses include medical deductibles or hospital copays, child daycare expenses, or public transportation to and from work.

The three types of FSA plans are as follows:

- **Health Care FSA** – you may set aside pre-tax dollars to cover eligible medical expenses that are not covered by insurance. The account helps you budget for expenses such as deductibles, office visit copays and prescriptions copays. Please refer to the IRS list of eligible expenses.
- **Dependent Care FSA** – you may use pre-tax dollars to cover eligible work-related dependent care expenses for qualified dependents. A qualified dependent is a dependent under the age of 13.
- **Commuter Transportation Plan** – A Transit Plan allows you to set aside hard-earned dollars on a pre-tax basis to pay for the expense of getting to and from work. Transit plans cover qualified parking, transit passes (for BART, Muni, etc.) and vanpooling costs.

FSA plans allow you to withhold a pre-determined “election amount” from each paycheck on a pre-tax basis. To be reimbursed for the eligible expenses, you simply use your TAG Benefit Card to pay for your prescription, medical office visit, BART ticket or parking for work.

There are some great advantages to using an FSA:

- **Reduced Taxes** – the money contributed to a Health Care FSA, Dependent Care FSA and Transit Plan is not subject to taxes.
- **Increased take home pay** – less taxes, more money in your pocket!
- **The Advantage Group – TAG** will provide you with a pre-funded Benefit Card to help pay for your medical and transportation expenses at the point of purchase. Dependent Care must be reimbursed by submitting a claim reimbursement form.

The maximum contribution amounts per year and month are:

- 2023 Health Care FSA - \$3,050 maximum/year
- 2023 Dependent Care FSA - \$5,000 maximum/year/household
- 2023 Commuter Benefits - \$300 maximum/month for transit and \$300 for parking