



Employee Benefits Guide



2025

January 1 through December 31

Employee Benefits Overview

Our company is committed to providing exceptional benefits to our employees. Keeping in mind the unique and diverse needs of our team members, we have put together a benefits program that allows you

choice & flexibility in meeting the financial and health care needs for you and your family. The benefits Plan Year runs concurrent with the calendar year beginning January 1st and ending December 31st unless otherwise communicated. Any elections that you make when you are hired or during annual open enrollment are effective for the plan year, unless you experience a qualifying event (marriage, birth, adoption, or loss of coverage).



How Do I Enroll in Benefits?

You are eligible for benefits on the 1st of the month following your full-time hire date. Please set up your login and password, review your personal information and make your elections in the online portal: <https://www.employeenavigator.com>

How Do I Make Changes to My Benefits?

During the Plan Year, you can make changes to your enrollment when you experience a qualifying life event. Please contact Human Resources to make the change within 30-days of the date of the event & provide any required documentation of the status change. Life events include:

- Loss of other group coverage- includes change in employment status
- Change in relationship or family status, which includes marriage, domestic partnership status, divorce, legal separation, birth or adoption of a child or change in child's dependent status
- Change in residence due to an employment transfer

Who Can I Enroll On My Plans?

You may cover the following dependents on your benefit plans:

- Your spouse or registered domestic partner
- Your child(ren) 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 handicap began before the limiting age

Kaiser DHMO Medical Plan

This plan gives you access to Kaiser providers & facilities for regular care. There is no option to see out-of-network providers unless you are experiencing a medical emergency.

Services	In-Network
Calendar Year Out-of-Pocket Maximum (Individual/Family)	\$3,000 / \$6,000
Deductible (Individual/Family)	\$750 / \$1,500
Physician Visit / Specialist	\$25/visit, deductible doesn't apply
Preventive Care Services	No charge
Laboratory / X-rays	\$10/encounter, deductible doesn't apply / 20% coinsurance up to \$150/procedure
Hospitalization	20% coinsurance
Outpatient Surgery	20% coinsurance
Emergency Services	20% coinsurance
Generic Medication	\$10/Rx, deductible doesn't apply
Brand Medications	\$30/Rx, deductible doesn't apply
Non-Preferred Brand Medications	\$30/Rx, deductible doesn't apply
Specialty Medications	20% coinsurance up to \$250/Rx, deductible doesn't apply

Anthem Gold HMO 35 Medical Plan

The Anthem HMO medical plan allows employees the ability to select a provider to manage your care within Anthem's California Care HMO network. Out-of-Network coverage is only available in emergencies. Use the Prefix JQK when locating an in-network Provider.

Services	In-Network
Calendar Year Out-of-Pocket Maximum (Individual/Family)	\$6,750 / \$13,500
Deductible (Individual/Family)	\$0
Physician / Specialist Visit	\$35/visit / \$70/visit
Preventive Care Services	No charge
Laboratory / X-rays	\$15/visit / \$250/visit
Hospitalization	\$750/day up to 4 days
Outpatient Surgery	\$550/visit
Emergency Services	\$325/visit (waived if admitted)
Generic Medications	\$10/Rx for Level 1 Pharmacy
Brand Medications	\$50/Rx for Level 1 Pharmacy
Non-Preferred Brand Medications	\$90/Rx for Level 1 Pharmacy
Specialty Medications	30% coinsurance up to \$250/Rx for Level 1 Pharmacy

Anthem Gold PPO 35/500/25% Medical Plan

The Anthem PPO medical plans combine comprehensive coverage with flexibility. When selecting a PPO plan you also have access to Anthem Blue Cross's nationwide network of physicians, the ability to self-refer, and access to limited out-of-network coverage.

Use the Prefix JQU when locating an in-network Provider.

Services	In-Network	Out-of-Network
Calendar Year Out-of-Pocket Maximum (Per Individual/Family)	\$8,200 / \$16,4000	\$16,400 / \$32,800
Deductible (Individual/Family)	\$500 / \$1,500	\$2,000 / \$4,000
Physician / Specialist Visit	\$35/visit / \$65/visit, deductible doesn't apply	50% coinsurance
Preventive Care Services	No charge	50% coinsurance
Laboratory / X-rays	\$15/visit, deductible doesn't apply	50% coinsurance
Hospitalization	25% coinsurance	50% coinsurance
Outpatient Surgery	\$250/visit then 25% coinsurance	50% coinsurance
Emergency Visit/Services	\$250/visit then 25% coinsurance	
Pharmacy Deductible	\$250/person or \$500/family (waived for Generic) Level 1 Pharmacy Costs Shown Below	
Generic Medications	\$10/Rx	Not Covered
Brand Medications	\$50/Rx after Rx deductible	
Non-Preferred Brand Medications	\$90/Rx after Rx deductible	
Specialty Medications	30% coinsurance up to \$250/Rx after Rx deductible	

Anthem Silver PPO HSA 2100/4200/30% Medical Plan

When selecting the Anthem PPO HSA medical plan you have the ability to use Health Savings Account (HSA) funds to help pay for eligible medical, dental, vision & Rx expenses. Refer to **page 12** for specifics. Use the Prefix JQU when locating an in-network Provider.

Services	In-Network	Out-of-Network
Calendar Year Out-of-Pocket Maximum (Per Individual/Family)	\$7,750 / \$15,500	\$15,500 / \$31,000
Deductible (Individual/Individual in Family/Family)	\$2,100 / \$3,300 / \$4,200	\$4,200 / \$6,600 / \$8,400
Physician / Specialist Visit	30% coinsurance	50% coinsurance
Preventive Care Services	No charge	50% coinsurance
Laboratory / X-rays	30% coinsurance	50% coinsurance
Hospitalization	30% coinsurance	50% coinsurance
Outpatient Surgery	\$250/visit then 30% coinsurance	50% coinsurance
Emergency Visit/Services	30% coinsurance	
Generic Medications	\$15/Rx for Level 1 Pharmacy	Not Covered
Brand Medications	\$70/Rx for Level 1 Pharmacy	
Non-Preferred Brand Medications	\$110/Rx for Level 1 Pharmacy	
Specialty Medications	30% coinsurance up to \$250/Rx for Level 1 Pharmacy	



Dental Plan

NEW for 2025, Dental coverage will now be provided for you and your family members through Mutual of Omaha. The Mutually Preferred Network was designed to help you get the dental care you need & help lower your costs. Non-Network dental services are subject to Reasonable & Customary (R&C) fees, which may mean additional costs to you if your dentist charges above the carrier contracted fees for service.

Visit the [Mutually Preferred Network Directory](#) to locate a Dentist near you!

Dental Services	In-Network Mutually Preferred Network	Out-of-Network
Maximum Calendar Year Benefit Per Covered Person	\$2,000	\$2,000
Deductible	\$50 Individual/\$150 Family (waived for preventive)	\$50 Individual/\$150 Family (waived for preventive)
Preventive Services: X-rays, Cleanings, Oral Examination, Sealants (children to age 16), Emergency Treatment	100%	100% of reasonable & customary charge (R&C)
Basic Services: Fillings, Root Canals, Oral Surgery, Anesthesia, Periodontics, Appliance Repairs, Spacers (children to age 16)	80%	80% of reasonable & customary charge (R&C)
Major Services: Crowns, Bridges Dentures, Implants	50%	50% of reasonable & customary charge (R&C)
Orthodontia	50% up to lifetime max of \$1,500 per person	

Vision Plan

NEW for 2025, Vision coverage will now be provided for you and your family members through Mutual of Omaha. Mutual of Omaha’s affiliation with the EyeMed network offers extensive and quality vision care coverage through a vast network of eye care specialists. Visit the [EyeMed Provider Directory](#) to locate a Vision Provider near you!

Vision Services	In-Network EyeMed Insight Network	Out-of-Network Reimbursement
Eye Exam Copay *once every 12 months	\$10 copay	Up to \$37
Frame Copay / Allowance *once every 24 months	\$0 copay with \$130 allowance +20% off balance over allowance	Up to \$58
Lenses Copay *once every 12 months -Single Vision -Lined Bifocal -Lined Trifocal -Lenticular	\$25 eyewear copay	Up to \$20 - \$64 depending on type
Contact Lens (in-lieu of glasses) *once every 12 months -Conventional -Disposable -Medical Necessary	-\$0 copay with \$130 allowance +15% off balance over allowance -\$0 copay with \$130 allowance -\$0 copay, paid in full	Up to \$89-\$210

In-Network Value Added Features:

- 40% savings on additional pairs of prescription glasses & non-prescription sunglasses, including lens enhancements
- Laser Vision Correction: Average savings of 15% off regular price or 5% off promotional offer
- Additional lens enhancement: 20-25% savings on all other lens enhancements



Life and Accidental Death & Dismemberment



Basic Life and AD&D

Trinity provides a life and accidental death & dismemberment insurance benefit for all eligible employees through Mutual of Omaha as follows:

- Employees working 30+ hours = flat \$100,000

Benefits are subject to an age-reduction schedule. For more details on policy provisions, please refer to your Certificate of Coverage which can be found on your benefits website.

Please designate a beneficiary in the Employee Navigator enrollment system when you enroll.

Voluntary Term Life and AD&D through The Hartford

You may choose to enroll in additional Voluntary Term Life and AD&D insurance for yourself and eligible dependents at your cost. Please designate a beneficiary in the Employee Navigator enrollment system when you enroll. Review the Voluntary Term Life/AD&D Benefit Summary for plan specifics, exclusions, age reduction schedule & rates.

Employee:

- Minimum coverage is \$10,000
- Benefit is in increments of \$10,000
- Maximum coverage is \$500,000, or up to 5 times your annual earnings
- Guarantee issue amount is \$100,000 for newly eligible employees

Spouse:

- Minimum coverage is \$5,000
- Benefit is in increments of \$5,000
- Guarantee issue amount for spouse of a newly eligible employee is \$30,000
- Maximum coverage is 50% of employee's election up to \$250,000

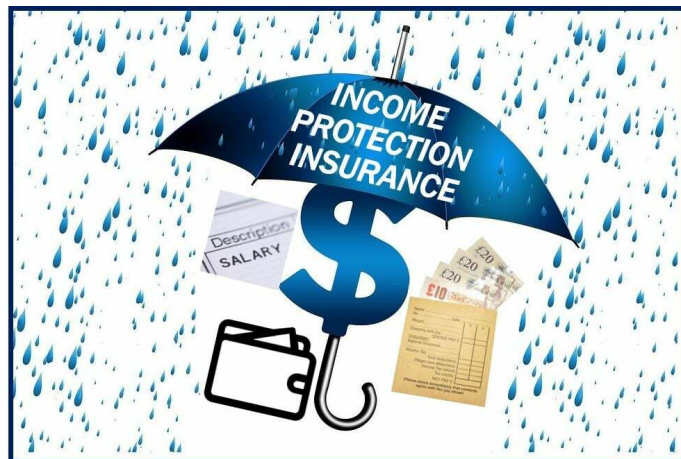
Child (up to age 26):

- Flat amount: \$10,000
- Child life cost is the same regardless of how many children you insure

Long-Term Disability

Trinity provides all eligible employees with Long-Term Disability coverage free of cost through Mutual of Omaha. Trinity increases your earnings to cover the cost of the premium for this coverage, making the benefits non-taxable! Review the Long-Term Disability Benefit Summary for plan specifics & exclusions.

- Benefits begin 90 calendar days after the onset of your disabling injury or illness
- Benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed \$10,000 per month



Mutual of Omaha Value Added Services

Employee Assistance Program (EAP)

- ▶ www.mutualofomaha.com/eap
- ▶ 1-800-316-2796 -- available 24/7/365
- ▶ 3 counseling sessions per year per household

Hearing Discount Program

- ▶ www.amplifonusa.com/mutualofomaha

Will Prep Services

- ▶ www.willprepservices.com code: MUTUALWILLS

Travel Assistance

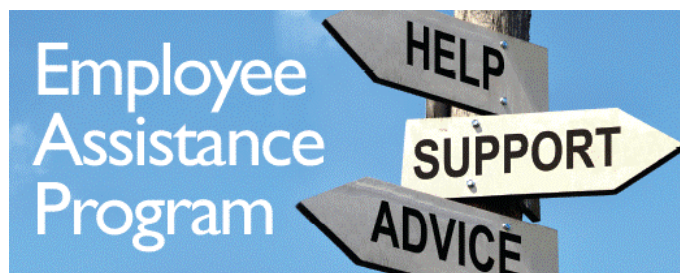
- ▶ 800-856-9947 -- Services available for business & personal travel

Financial Wellness

- ▶ www.mutualofomaha.com/eap

Employee Identity Theft Assistance

- ▶ 800-856-9947 -- AXA Assistance Hotline



Voluntary Benefits through The Hartford

Voluntary Accident Insurance

Trinity gives eligible employees the option to elect coverage through an Accident insurance plan. An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or your family member(s) sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover paid time off work. Review the Voluntary Accident Benefit Summary for plan specifics, exclusions & rates.

Coverage Type	Benefit Amount
Express Benefit	\$100
Initial Care & Emergency within 72 hours & 1 per accident per insured person	\$100 - \$1,500
Specified Injuries fractures, burns, dislocations, lacerations	\$300 - \$10,000
Hospital, Surgical & Diagnostic Admission, confinement, rehab, surgical, diagnostic	\$200 - \$1,500

Voluntary Critical Illness

The Critical Illness policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. This benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living. Review your Critical Illness Benefit Summary for plan specifics, exclusions & rates.

- Other- Coma, Major Organ Transplant, etc. = 100% of coverage amount
- Vascular Benefits - Heart Transplant, Stroke, etc.= 25% - 100% of coverage amount
- Cancer Benefits= 25% - 100% of coverage amount

	Benefit Election
Employee (up to age 80)	\$10,000
Spouse	\$5,000
Child(ren)* benefit for each child	\$5,000

Health & Flexible Spending Accounts

Healthcare FSA & Limited Purpose FSA (visit the fsastore.com to purchase FSA eligible items)

- Contribute up to \$3,300 pre-tax annually that you can use for eligible health care expenses for yourself & IRS eligible dependents
- Your entire contribution is available at the beginning of the plan year
- Up to \$660 of unused funds can be rolled over to the next plan year. Any unclaimed funds exceeding \$660 will be forfeited
- Last day to submit claims for expenses incurred in 2024 is 3/31/2025
- The Limited Purpose FSA follows the same plan design as the Healthcare FSA. However, funds can only be used for eligible dental & vision expenses.

Dependent Care FSA

- Contribute up to \$5,000 if married filing jointly or \$2,500 if married filing separately
- Pay for childcare for IRS dependents up to age 13
- Cannot pay out the full election before it has been payroll deducted
- You have until 3/15/2025 to incur eligible dependent care expenses using your remaining 2024 funds but all claims must be submitted no later than 3/31/2025

Health Savings Account (HSA) (visit the hsastore.com to purchase HSA eligible items)

HSAs are personal bank accounts that are designed to help you pay for eligible healthcare expenses as outlined in IRS publication 502. You must have money in the account in order to pay for eligible expenses. You must be enrolled in an HSA compatible health plan to participate.

2025 Limits:

Individual = \$4,300

Family = \$8,550

Commuter Benefits

- Contribute up to \$3,900 (\$325/month) pre-tax to qualified parking or mass transit expenses
- Transit Pass - any pass, token, fare-card or voucher entitling a person to ride on mass transit or a vehicle that seats at least 6 adults
- Qualified Parking - parking on or near business or from which you commute to work using mass transit

Where Can I Get More Information?

Please refer to your Acrisure benefits website for access to your required benefit notices, plan details, links to providers and more: <https://mybenefits.cc/trinitysf/>

<u>Carrier/Vendor</u>	<u>Group Number</u>	<u>Customer Service Phone</u>	<u>Website</u>
Anthem Blue Cross	222586	800-331-1476	www.anthem.com/ca
Kaiser Permanente	39510	800-464-4000	www.kp.org
Mutual of Omaha -Group Life/AD&D -Long-Term Disability -Dental -Vision	G000CFQD	800-228-7104	www.mutualofomaha.com
The Hartford -Voluntary Life/AD&D -Voluntary Critical Illness -Voluntary Accident	889900	866-547-4205	www.thehartford.com/employee-benefits
The Advantage Group (TAG) -FSA / Dependent Care -HSA -Commuter	N/A	877-506-1660	www.enrollwithtag.com



DISCLAIMER

The benefits information contained in this document is for illustrative purposes only and is not a guarantee of coverage or benefits. For a detailed description of your coverage, cost and benefits, please refer to the Evidence of Coverage or Certificate of Coverage documents.

We're here to help!
Contact your Acrisure Account Manager at any time throughout the year with questions or concerns regarding your benefits plan.

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