



Summary of Employee Benefits

12/1/24 - 11/30/25

Plan Year

To Your Health...

For the 2024/25 plan year, Weiss Associates is pleased to offer Anthem Blue Cross and Kaiser medical plan options. Weiss Associates will cover 90% of the employee only premium for the medical, dental and vision plans and will cover 50% of dependent costs, for full time staff. If you enroll in a HSA medical plan, Weiss Associates will fund 25% of your plan deductible. We will also cover 100% of the employee LTD premiums.



KAISER PERMANENTE®

Medical Insurance

Weiss Associates offers employees three medical plan options through Anthem Blue Cross and two Kaiser options. Please see the plan benefits outlined in the tables that follow.

Services	Kaiser Permanente	
	Gold 80 HMO 250/35	Silver 70 HSA HMO 2850/25%
	Network	Network
Plan Coinsurance	100%	75%
Individual Deductible	\$250	\$2,850 ²
Family Deductible	\$500	\$5,700
Individual Out-of-Pocket Max.	\$7,800	\$7,500
Family Out-of-Pocket Max.	\$15,600	\$15,000
Office Visit	\$35 PCP / \$55 Specialist	25%*
Lab Work X-Rays	\$35 Lab \$55 X-rays	25%*
Well Baby	No Charge	No Charge
Preventive	No Charge	No Charge
Inpatient Hospital	\$600*/day up to 5 days per admission	25%*
Outpatient Surgery	\$335* per procedure	25%*
Emergency	\$250 (Copay waived if admitted)	25%*
Rx Deductible - Ind/Fam	N/A	Plan Deductible Applies
Prescriptions - Generic Retail	\$15 ¹	25%* up to \$250 Max. ¹
Prescriptions - Preferred Retail	\$40 ¹	25%* up to \$250 Max. ¹
Prescriptions - Specialty Retail	20% up to \$250 Max. ¹	25%* up to \$250 Max. ¹

* After deductible. ¹ Up to 30-day supply. ² Deductible for an Individual within Family coverage is \$3,200.

All Out-of-Network coinsurance is % of UCR. It is the member's responsibility to pay for any charges in excess of UCR.

This document is intended to serve as a brief overview of benefits offered by Weiss Associates. If there is any difference between this summary document and the details contained in the legal plan documents, the plan documents are always the final authority. Nothing in this document should be construed to reflect an employment contract. Weiss Associates reserves the right to modify any content of this document at anytime.

Medical Insurance *(Continued)*



Plan	Anthem Blue Cross Gold HMO 35	Anthem Blue Cross Silver PPO 2100/30% w/HSA		Anthem Blue Cross Bronze PPO 6000/45% w/HSA	
	Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Coinsurance	100%	70%	50%	55%	50%
Individual Deductible	None	\$2,100 \$3,200 In Fam	\$4,200	\$6,000	\$12,000
Family Deductible	None	\$4,200	\$8,400	\$12,000	\$24,000
Ind. Out-of-Pocket Max.	\$6,750	\$7,750	\$15,500	\$7,400	\$14,800
Fam. Out-of-Pocket Max.	\$13,500	\$15,500	\$31,000	\$14,800	\$29,600
Office Visit	\$35 PCP / \$70 Spec.	30%*	50%*	45%*	50%*
Lab Work X-Ray	\$30 Lab \$45 X-rays	30%*	50%*	45%*	50%*
Well Baby	No Charge	No Charge	50%*	No Charge	50%*
Preventive	No Charge	No Charge	50%*	No Charge	50%*
Inpatient Hospital	\$750/day up to 4 days per admission	30%*	50%* limited to \$650/day	45%*	50%* limited to \$650/day
Outpatient Surgery	\$550 (Hospital) \$450 (Surgery Ctr.)	30%*	50%* limited to \$380/admission	45%* (+\$200 if Hosp.)	50%* limited to \$380/admission
Emergency	\$325 (Waived if admitted)	30%*		45%*	
Rx Deductible - Ind/Fam	N/A	Combined with medical deductible		Combined with medical deductible	
Retail Rx - Tier 1 ¹	\$10	\$15*	Not Covered	\$20*	Not Covered
Retail Rx - Tier 2 ¹	\$50	\$70*	Not Covered	\$90*	Not Covered
Retail Rx - Tier 3 ¹	\$90	\$110*	Not Covered	\$160*	Not Covered
Prescriptions - Specialty ¹	30% up to \$250 Max. ¹	30%* up to \$250 Max.	Not Covered	30%* ²	Not Covered

* After deductible. ¹ Up to 30-day Supply. ² Up to \$400 Maximum. All Out-of-Network coinsurance is % of UCR. It is the member's responsibility to pay for any charges in excess of UCR. Maximum benefits may apply for some Out-of-Network services, refer to the plan summaries and SBC's for details.

Annual Preventative

Annual Medical, Dental and Vision preventative screenings are important to your health and well-being. Visit your medical provider regularly and follow-up with recommended preventative screenings. If you enroll in one of the Weiss Associates sponsored medical plans, preventative care is at no cost to you, in-network.

Find out more about Preventative Care on the carrier websites at:

www.kp.org

www.anthem.com/ca

www.metlife.com/dental

www.metlife.com/vision

Dental Insurance



Weiss Associates provides employees the MetLife dental PPO plan. This PPO plan provides benefits from MetLife for PDP Plus In-network providers and Out-of-Network providers, as described in the plan design below. PDP In-network contracted dentists are limited to charging the contracted rates they have in place and employees will pay less for dental services by using these providers. You can find a list of in-network providers by visiting the MetLife website at www.metlife.com/dental.

Employee Monthly Cost: Employee: \$5.86, Emp+Spouse(DP): \$34.86, Emp+Child(ren): \$40.44, Family: \$75.85
Employee Bi-Weekly Cost: Employee: \$2.70, Emp+Spouse(DP): \$16.09, Emp+Child(ren): \$18.66, Family: \$35.01

Dental	PPO Network	Non-Network ¹
Preventative Care	100% (deductible waived)	100% (deductible waived)
Basic Care	90% after deductible	80% after deductible
Major Care	60% after deductible	50% after deductible
Deductible	\$50 Employee \$150 Family	\$50 Employee \$150 Family
Orthodontic Services	50% with \$1,000 lifetime maximum (Adults & Children)	
Annual Max Benefit	\$2,000 per Individual	\$1,500 per Individual

¹ 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 90% of dentists in the same geographic region.

Vision Insurance

MetLife is our vision insurance provider. MetLife offers one of the largest national vision provider networks via the VSP Network. Look up MetLife VSP vision providers online at: www.metlife.com/vision.

Employee Monthly Cost: Employee: \$0.96, Emp+Spouse(DP): \$5.78, Emp+Child(ren): \$4.31, Family: \$9.59
Employee Bi-weekly Cost: Employee: \$0.44, Emp+Spouse(DP): \$2.67, Emp+Child(ren): \$1.99, Family: \$4.43

Benefits	In-Network
Exam Copay / Materials Copay	\$10 / \$25
Examination (1x every 12 months)	100% covered after copay
Lens Replacement (1x every 12 months) Single vision, Bifocal, Trifocal & Lenticular	100% covered after Copay
Frame Replacement (1x every 24 months)	Up to \$130 after copay
Contacts in Lieu of Glasses (1x every 12 months) Elective Necessary	Up to \$130 after copay 100% covered after copay



Life & Disability Insurance

Weiss Associates offers **Voluntary Life Insurance** and AD&D to all eligible employees and dependents through Mutual of Omaha as outlined below. If Voluntary Life Insurance is not elected at the time of hire, new enrollees are required to complete an Election Application and Evidence of Insurability form. Please refer to the Voluntary Life benefits summary online for rates and more detailed information. *Voluntary Life Insurance premiums are paid 100% by employees via pre-tax payroll deductions.*

Long Term Disability (LTD) insurance is also offered to all eligible employees, as described in the plan design below. The LTD coverage is available through Mutual of Omaha and premiums are paid 100% by Weiss Associates - - *no cost to you!*



Voluntary Life Insurance	Long Term Disability
Employee: 5x annual salary up to \$500k ¹ Spouse: 50% of EE benefit up to \$50k ¹ Child: 50% of EE benefit up to \$10k	66 2/3% of annual earnings up to \$8,000 maximum per month 90 day Elimination Period

¹ New Hires Only: Guarantee Issue (GI) Amounts are \$100,000 for employee & \$25,000 for spouse. Elected amounts over these GI amounts will require a completed Evidence of Insurability form.

Employee Assistance Program

Mutual of Omaha EAP 24/7 online resources and confidential telephonic consultation with licensed EAP consultants who provide assistance and guidance on:

- Family, relationship and parenting issues
- Child and elder care needs
- Emotional and stress-related issues
- Conflicts at home or work
- Alcohol and drug dependencies
- Health and wellness issues

Provided by Mutual of Omaha

www.mutualofomaha.com/eap | (800) 316-2796



Travel Assistance

Offered to all Mutual of Omaha enrollees through AXA Assistance USA for business or personal travel, available 24/7!

Pre-trip and cultural information services:

- Requirements for visa, passport, immunization, information regarding currency exchange rates, travel advisories and customs information.

Personal & Medical Assistance Services:

- Lost/stolen documents, lost luggage, emergency telephone interpretation, lost prescriptions and eyeglass / contact assistance.

Emergency Medical Transportation Services:

- Emergency medical transportation to a different facility when medically necessary, transportation of family member to join patient/return dependent child, return of mortal remains.

Get assistance within the U.S.: (800) 856-9947 | Outside the U.S.: (312) 935-3658 | AXA Assistance USA

GROUP NUMBERS, WEBSITES, AND CUSTOMER SERVICE NUMBERS

*If you have questions...*customer service numbers are available to provide information. Please have your ID number, group number and any detailed information regarding your question or concern available at the time of your call. Additionally, it is important to notify each insurance carrier and your Human Resources department of any address changes that occur.

Carrier & Plan	Group Number	Website	Customer Service
Anthem Blue Cross	465938	www.anthem.com/ca	(800) 627-8797
Kaiser Permanente	658720	www.kp.org	(800) 464-4000
MetLife Dental	5398381	www.metlife.com/dental	(800) 275-4638
Mutual of Omaha LTD & Vol. Life	G000AG3Q	www.mutualofomaha.com	(800) 655-5142
MetLife Vision	5398381	www.metlife.com/vision	(855) 638-3931
EAP (Mutual of Omaha)	N/A	www.mutualofomaha.com/eap	(800) 316-2796
Travel Assistance (AXA Assistance USA)	N/A	www.axa-assistance.us	(800) 854-9947



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Visit your benefits website for further explanation at:

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