



Benefits Guide 2023





Who is Eligible?

All full-time staff employees working 30 or more hours per week are eligible to enroll themselves and their family members in the benefits described within.

- Spouse or domestic partner.
- Dependent children, including children of domestic partners.
- Adult dependents: Medical, Vision, Dental and Accident – your dependents may be permitted to remain on your plans up to age 26, regardless of marital or student status.

When to Enroll

Initially, all new hires and newly eligible employees must enroll during their specified eligibility period. Human Resources will provide information regarding the enrollment eligibility period for each individual. **If you do not enroll during your initial eligibility period, you will have to wait until the next open enrollment period to participate in West Valley Construction’s benefits.**



How to Enroll

Enrollment information: Human Resources will provide you with an enrollment package. Additional forms are located on the West Valley Construction benefits website <http://benefits.filice.com/wvc>. See Human Resources or contact your Filice Insurance account manager if you have questions.

Open Enrollment (OE)

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

New Hires

- If you are a “new hire”, or “newly eligible” to enroll in benefits, you must enroll within the designated period outlined by Human Resources.



How to Make Changes

Outside of the OE period you cannot make changes to your benefits during the year unless you have a qualifying event occur.

Qualifying events include:

marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child’s dependent status, death of spouse or dependent, employment transfers, or a change in a spouse’s or domestic partner’s benefits or employment status which result in loss of coverage.

You must notify Human Resources and enroll within 30 days of a qualifying event occurrence.





Medical and Prescription Drugs

The following chart shows what you pay on the medical plans when using Preferred Providers only. (Refer to evidence of coverage for out of network benefits) NOTE: Plan deductibles and Out-of-Pocket maximums run on a calendar year cycle, so please take that into consideration when making your selection.

Plan Highlights	Kaiser HMO California Employees Only	Kaiser HSA California Employees Only	Anthem HMO California Employees Only	Anthem PPO 3500 HSA
Deductible (calendar year) - Individual - Family	None None	\$2,000 \$4,000 (\$3,000/Single)	None None	\$3,500 \$7,000 (\$3,500/Single)
Preventive Care (see EOC for covered services)	\$0	\$0	\$0	\$0
Physician Visit	\$25	\$30 after deductible	\$40 PCP / \$60 Specialist	20% after deductible
Diagnostic Lab & X-ray	No Charge	\$10 after deductible	No Charge	20% after deductible
Hospitalization	\$250	\$250 after deductible	\$750	20% after deductible
Outpatient Surgery	\$25	\$150 after deductible	\$375	20% after deductible
Emergency Room	\$100	\$100 after deductible	\$100 per visit	20% after deductible
Prescriptions Tier 1 / Tier 2 / Tier 3	(\$100 deductible) \$10 / \$25	After deductible \$10 / \$30	Essential Formulary \$5-\$15 / \$30 / \$50	After deductible \$5-\$15 / \$40 / \$60
Out-of-Pocket Max (cal yr) - Individual - Family	\$1,500 \$3,000	\$3,000 \$6,000 (\$3,000/Single)	\$2,500 \$5,000	\$5,500 \$11,000 (\$5,500/Single)

HSA Contributions by West Valley Construction in 2023

WVC will contribute up to the following amounts in 2023 when you elect:

Anthem HSA - \$3,500 Employee / \$7,000 Family

Kaiser HSA - \$2,000 Employee/ \$4,000 Family

Your Medical Premium Costs in 2023

Employee monthly costs are shown below. These premiums will be in effect from January 1, 2023 to December 31, 2023. Please review the table below carefully when making your benefit elections.

Type of Coverage	Kaiser HMO California Employees Only	Kaiser HSA California Employees Only	Anthem HMO California Employees Only	Anthem PPO 3500 HSA
Employee Only	\$35.13	\$31.60	\$73.70	\$47.26
Employee & Spouse	\$77.30	\$69.51	\$339.09	\$217.39
Employee & Child(ren)	\$70.27	\$63.19	\$250.63	\$160.67
Employee & Family	\$105.40	\$94.79	\$538.11	\$344.98

Dental

Dental coverage is provided for you and your family members through Anthem Blue Cross. You may seek services from a dentist of your choice. However, the out of pocket costs will be much lower if you utilize the services of a provider listed in the Directory. Charges from out of network dentists are subject to Reasonable and Customary limits. Please see the plan summary on the benefits website for all covered services.

Services	Benefit Features and Premium Costs	
Annual Maximum	\$2,500 annual benefit per individual.	
Deductible	Applies to basic and major services only – \$25 individual; \$75 Family.	
Preventive Services	Exams, cleanings, x-rays: In–Network 100% / *Out-of-Network 100%	
Basic Services	Fillings, simple extractions: In–Network 90% / *Out-of-Network 80%	
Major Services	Crowns, Bridges, Dentures: In–Network 60% / *Out-of-Network 50%	
Employee Monthly Cost	Employee only – \$0.00 Employee & Spouse – \$9.51	Employee & Child(ren) – \$11.89 Employee & Family – \$22.83

*Out-of-Network dental services are subject to usual, customary and reasonable (UCR) fees, services are paid out at 90th percentile.
Helpful Hint: If you expect your treatment will cost \$300 or more, you can find out how much the dental plan will pay before Treatment starts. Ask your dentist to submit a pre-treatment estimate request to Anthem on your behalf.

Vision

Vision coverage is provided for you and your family members through VSP. Premiums are paid by employee through a pre-tax payroll deduction. If you utilize the services of a provider listed in the VSP Provider Directory, you will maximize the benefit allowances shown below. (Refer to the plan summary for out of network plan allowances)

Services	Benefit Features and Premium Costs	
Member Copayment	\$10 Exams / \$25 Materials	
Well Vision Exams	Plan pays 100% after Copayment every 12 months	
Lenses	Plan pays 100% after Copayment every 12 months	
Frames	Plan pays up to \$130 for a wide selection of frames every 24 months. You also receive 20% off the amount over your allowance.	
Contact Lens Care (in lieu of other benefits)	Plan pays up to \$130 every 12 months. Allowance includes contacts and the contact lens exam (fitting and evaluation).	
Employee Monthly Cost	Employee only – \$9.16 Employee & Spouse – \$15.71	Employee & Child(ren) – \$16.03 Employee & Family – \$25.85

AN ACCIDENTAL INJURY CAN SERIOUSLY COST YOU

Protect Yourself From Unexpected Medical Costs

If you and your family are active, chances are, you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can cost you a bundle in out-of-pocket expenses. Are you financially prepared for all of the medical and non-medical costs of treatment and recovery from a serious injury?

FINANCIAL SUPPORT TO GET YOU BACK ON YOUR FEET

- No matter what kind of medical coverage you have, you will have out-of-pocket costs that could really set you back financially
- Guardian® pays you cash benefits based on covered injuries, treatments and services
- Payments go directly to you, and you can pay for other expenses, like traveling to the hospital, childcare and lost income from missed work
- "Child Organized Sport" benefit pays you an extra 20% cash benefit for each accident when the dependent child is injured while playing an organized sport¹

HERE IS AN EXAMPLE OF HOW ACCIDENT INSURANCE WORKS²

While John was hiking in a local park, he fell and tore cartilage in his knee. He went to the hospital emergency room for treatment and stayed overnight. The doctor gave him a brace and scheduled him for a follow up visit. See how accident insurance offset John's expenses:

AMBULANCE	\$200	KNEE BRACE	\$125
HOSPITAL ADMISSION	\$2,000	X-RAY	\$40
EMERGENCY ROOM VISIT	\$400	KNEE CARTILAGE TEAR	\$750
HOSPITAL CONFINEMENT (1 DAY)	\$400	2 FOLLOW-UP VISITS	\$400
MEDICAL RESONANCE IMAGING (MRI)	\$200		

TOTAL CASH BENEFIT PAID FOR COVERED SERVICES: \$4,515

ACCIDENT INSURANCE WITH GUARDIAN IS EASY

- No health questions to answer and convenient payroll deductions
- Protects your savings when the unexpected occurs
- Take the coverage with you if you change jobs or retire



ACCIDENTS HAPPEN. HOW FINANCIALLY PREPARED ARE YOU?

Over 40 million Americans received emergency room treatment for an accidental injury³

63% of Americans with medical insurance used all their savings for out-of-pocket medical costs⁴

The average cost of an emergency room visit for people between the ages of 45-64 is \$2,176⁵

MONTHLY RATES

EMPLOYEE	\$15.21
EMPLOYEE & SPOUSE	\$34.75
EMPLOYEE & CHILD	\$36.23
FAMILY	\$55.77



LEARN MORE ABOUT ACCIDENT INSURANCE AT WWW.GUARDIANANYTIME.COM



The Guardian Life Insurance Company of America® (Guardian)
7 Hanover Square
New York, NY 10004-4025
www.guardiananytime.com
2018-54163 (02-20)

1. The child must be insured by the plan on the date the accident occurred. The child must be 18 years of age or younger. 2. For illustrative purposes only. See your plan for specific coverage amounts and details. 3. CDC Centers for Disease Control and Prevention, <http://www.cdc.gov/nchs/fastats/hospital.htm>, 2015. 4. Kaiser Family Foundation and the Health Research & Educational Trust, 2015. 5. 2014 Medical Expenditure Panel Survey, Consumer Health Ratings.com <https://www.huffingtonpost.com/simple-thrifty-living/top-10-reasons-people-go-to-the-emergency-room-6887642.html>. Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Important Notice – This Policy Does Not Provide Coverage For Sickness. Policy Form GP-1-AC-BEN-12, et al. GP-1-ACC-16-NM. GP-1-LAH-12R-OR. GC-ACC-12-OR.

ACCIDENT INSURANCE

BENEFIT	EMPLOYEE COVERAGE*
ACCIDENT COVERAGE TYPE	Off Job
CHILD(REN) AGE LIMITS	Birth to 26 Years
ACCIDENT EMERGENCY TREATMENT	\$400
ACCIDENT FOLLOW-UP VISIT – DOCTOR	\$200 up to 2 treatments
AMBULANCE / AIR AMBULANCE	\$200/\$1,500
APPLIANCE	\$125
BLOOD/PLASMA/PLATELETS	\$300
BURNS (2 ND DEGREE/3 RD DEGREE)	9 sq inches to 18 sq inches: \$0/\$1,000 18 sq inches to 35 sq inches: \$500/\$2,000 Over 35 sq inches: \$1,500/\$6,000
BURN – SKIN GRAFT	50% of burn benefit
CHILD ORGANIZED SPORT	20% increase to child benefits
COMA	\$12,500
CONCUSSIONS	\$100
DISLOCATIONS	Schedule up to \$4,800
DIAGNOSTIC EXAM (MAJOR)	\$200
EMERGENCY DENTAL WORK	\$400/Crown; \$100/Extraction
EPIDURAL PAIN MANAGEMENT	\$100, 2 times per accident
EYE INJURY	\$300
FAMILY CARE	\$20/day up to 30 days
FRACTURE	Schedule up to \$8,000
HOSPITAL ADMISSION	\$2,000
HOSPITAL CONFINEMENT	\$400/day, up to 1 year
HOSPITAL ICU ADMISSION	\$2,000
HOSPITAL ICU CONFINEMENT	\$800/day, up to 15 days
INITIAL PHYSICIAN'S OFFICE/URGENT CARE FACILITY TREATMENT	\$200
KNEE CARTILAGE	\$750
LACERATION	Schedule up to \$200
LODGING	\$150/day, up to 30 days for companion hotel stay
OCCUPATIONAL OR PHYSICAL THERAPY	\$120/day, up to 10 days
PROSTHETIC DEVICE/ARTIFICIAL LIMB	\$750 for one; \$1,500 for two or more
REHABILITATION UNIT CONFINEMENT	\$150/day, up to 15 days
RUPTURED DISC WITH SURGICAL REPAIR	\$750
SURGERY (CRANIAL, OPEN ABDOMINAL, THORACIC)	\$1,500 (Hernia: \$200)
SURGERY – EXPLORATORY OR ARTHROSCOPIC	\$350
TENDON/LIGAMENT/ROTATOR CUFF	\$750 for one; \$1,500 for two or more
TRANSPORTATION	\$600, 3 times per accident
X-RAY	\$40
WELLNESS BENEFIT	\$100 per person, per year
ACCIDENTAL DEATH	\$50,000 Employee, \$25,000 Spouse, \$5,000 Child (200% for Common Carrier)
CATASTROPHIC LOSS	Up to 100% of AD&D benefit
DISMEMBERMENT	Up to 100% of AD&D benefit

*The services, exclusions, and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. Coverage terms may vary by state and employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.



SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS This plan will not pay benefits for any injury caused by or related to: • Declared or undeclared war; act of war, or armed aggression; taking part in a riot or civil disorder; or commission of, or attempt to commit a felony; Intentionally self inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane • The covered person being legally intoxicated • Treatment rendered or hospital confinement outside the United States or Canada • Travel or flight in any kind of aircraft, including any aircraft owned by or for the employer except as a fare-paying passenger on a common carrier • Participation in any kind of sporting activity for compensation or profit, including coaching or officiating • Riding in or driving any motor-driven vehicle in a race, stunt show or speed test • Participation in hang gliding, bungee jumping, sailgliding, parasailing, parachuting, ballooning, parachuting, and/or skydiving • Job related or on the job injuries • Injuries to a dependent child received during the birth • An accident that occurred before the covered person is covered by this plan • Sickness, disease, mental infirmity or medical or surgical treatment • Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment (a) exceeding one year; or (b) in an area under travel warning by the U.S. Department of State, subject to state specific variations. • A pre-existing condition includes any condition for which an employee, in the specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. State variations may apply. This applies to the Disability or Hospital Confinement/Sickness riders only. • This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your policy.

FOCUS ON RECOVERY, NOT YOUR FINANCES

Financial Confidence for When You Need It Most

When you hear that you have cancer, you think about a lot of things. The one thing you don't want to think about is how to pay for all the expenses that come from your medical care and recovery. Medical insurance plans may cover many of the expenses associated with a cancer diagnosis. However, there are many non-medical costs associated with your recovery such as transportation to treatment, child care and lost wages due to your inability to work. If you were diagnosed with cancer, are you confident that you have enough savings to cover all the expenses?

HELPS PROTECT YOUR SAVINGS FROM THE HIGH COST OF CANCER TREATMENT

- Guardian Cancer Insurance pays you in addition to your medical insurance, no matter what type of plan you have
- The plan pays you cash benefits based on diagnosis, certain procedures, screenings and treatments
- The cash benefits are paid directly to you — you decide how to use them

HERE IS HOW GUARDIAN CANCER INSURANCE WORKS*

After receiving a cancer screening test, Bob was diagnosed with kidney cancer. Through his Cancer Insurance plan, Bob received payments for his diagnosis, treatment, transportation to the hospital, medication and follow up screenings. Bob was able to get the financial support he needed during his recovery.

CANCER SCREENINGS	\$100	7 DOCTORS VISITS	\$175
FOLLOW UP SCREENING	\$100	MRI	\$100
SECOND SURGICAL OPINION	\$200	4 WEEKS OF CHEMOTHERAPY	\$3,200
KIDNEY NEPHRECTOMY	\$1,730	4 WEEKS OF RADIATION	\$2,400
HOSPITAL CONFINEMENT(4 days)	\$1,200	INITIAL DIAGNOSIS	\$5,000

TOTAL CASH BENEFIT PAID FOR COVERED SERVICES: \$14,205

CANCER INSURANCE GIVES YOU THE SUPPORT YOU NEED WHEN YOU NEED IT MOST

- No health questions to answer and convenient payroll deduction
- Take the coverage with you if you change jobs or retire

LEARN MORE ABOUT CANCER INSURANCE AT WWW.GUARDIANANYTIME.COM



UNFORTUNATELY, A CANCER DIAGNOSIS COULD HAPPEN TO YOU. ARE YOU FINANCIALLY PREPARED?

14.5 million people are living with cancer, and 1.6 million new cases were diagnosed last year¹

This year, 1 in 49 men will be diagnosed with colon cancer and 1 in 37 women will find out they have breast cancer²

The average out-of-pocket costs for cancer treatments can add up to \$15,192 per year³

RATES

EMPLOYEE	\$22.40
EMPLOYEE & SPOUSE	\$38.09
EMPLOYEE & CHILD	\$24.31
FAMILY	\$40.00



The Guardian Life Insurance Company of America®(Guardian)
7 Hanover Square
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www.guardiananytime.com

2018-54169 (02-20)

*For illustrative purposes only. See your plan for specific coverage amounts and details. 1. National Cancer Institute, 2015, <http://seer.cancer.gov/statfacts/html/all.html>. 2. American Cancer Society, cancer.org, 2015. 3. Duke University Medical Center, 2014 <http://clearhealthcosts.com/tag/duke-university-medical-center>. Guardian's Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form #GP-I-CAN-IC-12 et al. GP-I-CAN-BEN-12 et al. GP-I-CAN-15-NM. GP-I-LAH-12R-OR. GC-CAN-12-OR. GP-I-CAN-IC-12.

CANCER INSURANCE

BENEFIT	EMPLOYEE COVERAGE*
Initial Diagnosis Benefit Amount	\$5,000 Per Covered Person
Initial Diagnosis Waiting Period	30 days
Cancer Screening	\$100 + \$100 for follow up screening
Pre-existing condition limitation	12/12 in most states; 6/6 (UT); 3/12 (PA); 3/6/12 (TX)
Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement
Ambulance	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit
Anti-Nausea	\$50/day, up to \$150/month
Attending Physician	\$25/day while hospital confined. Limit 75 visits
Blood/Plasma/Platelets	Actual cost up to \$7,500/year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500; Stem cell: \$1,500
Experimental Treatment	\$100/day up to \$1,000/month
Government or Charity Hospital	\$300/day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year (not applicable in CA)
Hormone Therapy	\$25/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime (not applicable in CA)
Hospital Confinement	\$300/day for first 30 days; \$600/day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day thereafter per confinement
Immunotherapy	\$500/month; \$2,500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year
Medical Imaging	\$100/image up to 2 per year
Outpatient or Ambulatory Surgical Center	\$250/day, up to 3 days per procedure
Outpatient and Family Member Lodging	\$75/day, up to 90 days per year
Physical or Speech Therapy	\$25/visit up to 4 visits per month, \$400 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-surgically: \$200/device, \$400 lifetime max
Radiation Therapy Chemotherapy	Actual cost up to \$7,500/year
Reconstructive Surgery	Schedule from \$250 to \$2,000 based on procedure
Second Surgical Opinion	\$200 per surgical procedure
Skin Cancer	Up to \$600
Surgical Benefit	Schedule amount up to \$4,125
Transportation/Companion Transportation	\$0.50 per mile up to \$1,000 per round trip/equal benefit for companion
Waiver of Premium	Included

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SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS • Conditional Underwriting is one medical question as a part of the enrollment form. • A pre-existing condition includes any condition for which an employee, in the specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. State variations may apply. • This plan will not pay benefits for: ○ Services or treatment not included in the Schedule of Insurance ○ Services or treatment provided by a family member ○ Services or treatment rendered for hospital confinement outside the United States ○ Any cancer diagnosed solely outside of the United States ○ Services or treatment provided primarily for cosmetic purposes ○ Services or treatment for premalignant conditions ○ Services or treatment for conditions with malignant potential ○ Services or treatment for non-cancer sicknesses • Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country • Cancer arising from war or act of war, even if war is not declared • GP-I-CAN-IC-12

Group Life and Disability



West Valley Construction provides eligible employees group term life, accidental death and dismemberment (AD&D), and long term disability through Mutual of Omaha, and pays 100% of the cost of this benefit. Conversion may be available if your employment ends.

- You may update your beneficiary information for this plan at any time. Contact Human Resources.
- Life Insurance Reduction Schedule: Benefit is reduced to 65% at age 65; 40% at age 70; 25% at age 75

Coverage	Benefit Features
Life Insurance and AD&D	\$25,000 per employee
Dependent Life Insurance	Spouse \$5,000 – Children \$2,500(age 6 months to 21 years)
Long Term Disability	60% of salary up to \$7,000 per month, 90 day elimination period

Employee Assistance Program and Travel Assistance



Two additional benefits offered through Mutual of Omaha to West Valley Construction employees include access to a confidential Employee Assistance Program (EAP) and Travel Assistance plan. Resources are available through Mutual of Omaha at no cost to employees.

EAP

Employees have access to the following resources and reference services through Mutual of Omaha:

- 24/7 toll-free access to assistance with your life challenges, financial planning, Estate guidance and legal services.
- Personal and family counseling, mental health and clinical issues.
- Child care, elder care and college planning.
- Call 800.316.2796
- Web site: www.mutualofomaha.com/eap

Travel Assistance

Toll-free travel assistance is available through Mutual of Omaha which includes 24/7 emergency assistance when employees and their families are traveling 100 miles or more from home.

- Assistance with hospital admission outside the US and necessary medical evacuations to a facility to obtain care.
- Medical care monitoring and supervised repatriation if required.
- Trauma counseling and prescription assistance.
- 800.856.9947 in US and 312.935.4658 Outside US; Reference Number = 9900M002

Health Care, Dependent Care FSA and Commuter plan



West Valley Construction provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through the Flexible Spending Account (FSA). If you have a Health Savings Account (HSA) and elect to participate, your healthcare FSA will be limited to dental and vision expenses. **You must enroll/re-enroll each year to participate for the plan year January 1st to December 31st.**

Please note: Qualified Medical Expenses will conform to the definition used for the itemized tax deduction. This means a prescription for over-the-counter drugs may be required if you are making a claim for reimbursement from the FSA plan administrator. More information can be found at your benefits website by clicking on the link for Flex Plan.

Highlights of Flexible Spending Accounts:

- A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. The maximum contribution allowed in 2023 is \$3,050.
- A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work. The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.
- You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA.
- Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute to your FSA.
- It is best to contribute the amount of money you expect to pay for out-of-pocket eligible expenses for the FSA plan period. If you enroll after the beginning of the plan year, budget for the remaining number of months.
- The health care FSA has a grace period extension, during this time you may incur eligible FSA expenses and use the remaining funds in your account to cover those expenses. The grace period begins on the first day immediately following the last day of the plan year and ends two months and 15 days later. If you do not use the money you contributed, it will not be refunded to you or carried forward into a future plan year. The "use-it-or-lose-it rule" applies to FSA contributions so budget wisely.

Commuter Benefit:

- Allows you to set aside \$300 for mass-transportation and \$300 for qualified parking expenses per month on a pre-tax basis. Submit your claims to The Advantage Group for reimbursement.

The following example shows how you can save money with a flexible spending account.

Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,300 for day care next plan year, they decide to direct a total of \$5,300 into their FSAs.

	Without FSAs	With FSAs
Gross income:	\$30,000	\$30,000
FSA contributions:	0	-5,300
Gross income:	30,000	24,700
Estimated taxes:		
Federal	-2,550*	-1,755*
State	-900**	-741**
FICA	-2,295	-1,890
After-tax earnings:	24,255	20,314
Eligible out-of-pocket		
Medical and dependent care expenses:	-5,300	0
Remaining spendable income:	\$18,955	\$20,314
Spendable income increase:		\$1,359

*Assumes standard deductions and four exemptions.

**Varies, assume 3%.

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

Important Benefit Contact Information

Carrier / Vendor	Group # Reference ID	Phone	Website / Email
Kaiser Permanente	602271	800.464.4000	www.kaiserpermanente.org
Anthem Blue Cross – HMO	276962H004	800.227.3560	www.anthem.com/ca
Anthem Blue Cross – HSA	276962M007	866.207.9878	www.anthem.com/ca
Guardian- Accident and Cancer	00569140	800.627.4200	www.guardiananytime.com
Anthem Blue Cross – Dental	2769620001	877.567.1802	www.anthem.com/ca/mydental
VSP Vision Plan	30023752	800.877.7195	www.vsp.com
Mutual of Omaha – Life and Disability	G000AHLF	800.655.5142	www.mutualofomaha.com
Employee Assistance Program		800.316.2796	www.mutualofomaha.com/eap
Travel Assistance	9900M002	USA: 800.856.9947 Outside USA: 312.935.4658	
Health Savings Account	HSA Bank	800.357.6246	www.hsabank.com
Benefits Administrator	Catherine Cruz	408.371.5510	CCruz@wvcc.com

REQUIRED NOTICES All official documents relating to the West Valley Construction Employee Benefits Program, including the Summary Plan Descriptions, Summary of Benefits and Coverage, HIPAA Privacy Notice, Initial Cobra Notice, Medicare Part D notice, and any other relevant plan documents or notices, are available electronically through the benefits website. You may also receive a paper copy by contacting HR.

Your Insurance Broker



Your Broker is Steve Arreola your Client Service Manager is Silvia Lucero. They are available to assist with your benefit questions throughout the year. Please feel free to contact Steve at 408-350-5704 steve@filice.com or Silvia at 408-350-5734 silvia@filice.com or visit:

<http://benefits.filice.com/wvc>

The benefits information in this Benefits Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefits information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. West Valley Construction reserves the right to modify any content of this document at any time.