



2023–2024

# Benefits Guide



**Health • Financial • Work-Life**

November 1, 2023-September 30, 2024 (11-month plan year)

# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or their children, where applicable by state law.
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.
- ▶ Proof of dependent status is required.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective November 1, 2023-September 30, 2024 (11-month plan year).

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP, or child
- ▶ You lose coverage under your spouse's/ RDP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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# Enrollment

Getting started

- Log into the Self-Service Portal in Paylocity
- Visit [Paylocity.com](https://www.paylocity.com) or download the Paylocity app on your smartphone
- Navigate to "HR & Payroll" and click on "Benefits".
- Select "Action Needed" in the Sidebar Menu > Select "Start" > Select "Start Your Enrollment".
- Review/modify your "Family" information. To add a dependent, select "Add Family Member". Select an existing dependent to modify their demographic information. When finished, select "Continue".
- Enter your Benefit Elections.
- Designate your beneficiaries. Dependents already in the system will be listed as possible beneficiaries. Select "Add Beneficiary" to enter additional beneficiaries. Enter a Primary Beneficiary % for all listed plans, then select "Continue".
- Review all enrollment information. Select "Expand All" to display the details of each election Select a "Plan Type"

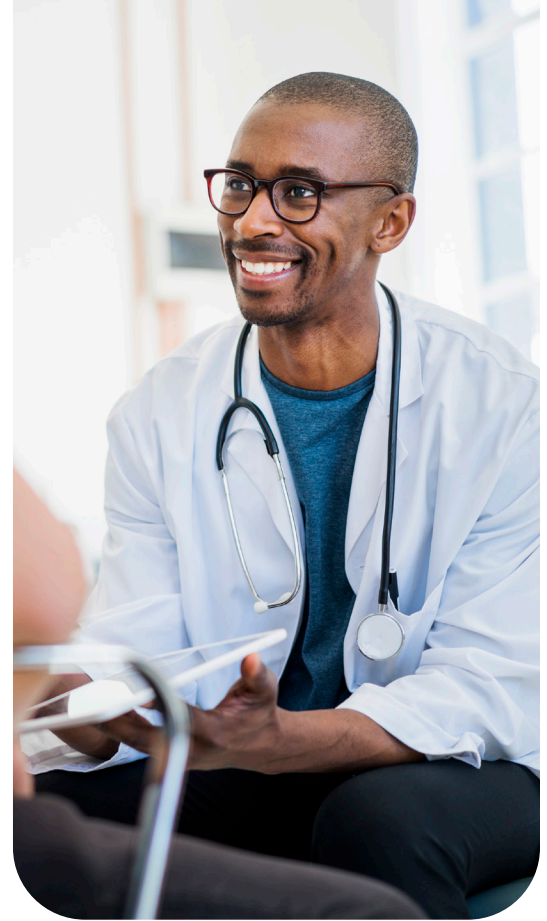
# Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## Cigna PPO - HPI

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **plan year deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the plan year.
- ▶ Access virtual care at <https://doctorondemand.com/microsite/health-plans-inc/> or download the app. Register and select insurance as 'Health Plans, Inc.'
- ▶ Find a provider in the Cigna network at [www.hpiTPA.com](http://www.hpiTPA.com). Select 'Find a Provider' and 'Cigna PPO'



Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Cigna Cigna PPO Low		Cigna Cigna PPO High	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible (per plan year)</b>				
Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$250 / \$500	\$750 / \$1,500
<b>Out-of-Pocket Maximum (per plan year)</b>				
Individual / Family	\$7,350 / \$14,700	\$14,700 / \$29,400	\$4,000 / \$12,000	\$8,000 / \$14,000
<b>Covered Services</b>				
Office Visits (physician/specialist)	\$20/\$40 copay	50%*	\$20/\$40 copay	30%*
Virtual Visits	\$20 copay	Not covered	\$20 copay	Not covered
Routine Preventive Care	No charge	50%*	No charge	30%*
Outpatient Diagnostic (lab/X-ray)	25%*	50%*	No charge	30%*
Complex Imaging	25%*	50%*	No charge*	30%*
Chiropractic	25%*	50%*	\$20 copay <sup>2</sup>	30%*
Ambulance	25%*	25%*	No Charge	No charge
Emergency Room	\$200 copay <sup>4</sup>		\$150 copay <sup>4</sup>	
Urgent Care Facility	\$20 copay	50%*	\$20 copay	30%*
Inpatient Hospital Stay	25%*	50%*	\$250/day <sup>3</sup>	30%*
Outpatient Surgery	25%*	50%*	No charge*	30%*
<b>Prescription Drugs (Generic / Brand / Non-Formulary / Specialty) Deductible applies for tiers 2-4</b>				
Retail Pharmacy (30-day supply)	\$10 / \$30 / \$60 / 30% to \$250 max <sup>5</sup>	Not covered	\$10 / \$30 / \$60 / 30% to \$250 max <sup>5</sup>	50%
Mail Order (90-day supply)	\$20 / \$80 / \$170 <sup>5</sup>	Not covered	\$30 / \$90 / \$180 <sup>5</sup>	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.    2. 20 visits per year  
 3. 5 day copay max    4. Copay waived if admitted    5. \$150/\$300 deductible Tiers 2-4

# Dental

We are proud to offer you a choice of dental plans.

## Delta Dental DHMO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental DHMO	Delta Dental PPO Low		Delta Dental PPO High	
	In-Network Only	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per plan year)					
Individual / Family	None	\$50 / \$150		\$50 / \$150	
<b>Benefit Maximum</b> (per plan year; preventive, basic, and major services combined)					
Per Individual	NA	\$1,000		\$2,000	
<b>Covered Services</b>					
<b>Preventive Services</b>	No charge	No charge		No charge	
<b>Basic Services</b>	\$5-\$310 copay	20%*		10%*	20%*
<b>Major Services</b>	\$85-\$295 copay	50%*		40%*	50%*
<b>Orthodontia</b> (Child & Adult)	Child: \$1,700 / Adult: \$1,900	50% up to \$1,000 lifetime maximum		50% up to \$1,000 lifetime maximum	

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Vision

We are proud to offer you a vision plan.

The **Guardian with VSP Choice Network** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Guardian with VSP Choice Network network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10 copay	\$39 allowance
<b>Materials Copay</b>	\$25 copay	NA
<b>Lenses</b> (once every 12 months)	No charge after materials copay	Single Vision \$23 allowance
Bifocal		\$37 allowance
Trifocal		\$49 allowance
<b>Frames</b> (once every 12 months)	\$130 allowance + 20% discount / Costco \$70 allowance	\$46 allowance
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	\$130 allowance	\$100 allowance

# Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered through HPI. Your FSA plan election is from November 1, 2023 - August 31, 2024. Due to the short 11-month plan year, your Health Care and Dependent Care elections maximums are lower than the IRS maximums for 2023. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

For 2023-24, you may contribute up to \$2,795 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions and Over-the-Counter Drugs
- ▶ Menstrual Care Products
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams, materials, Lasik

**NOTE: If you enroll in the HSA medical plan, you may not participate in a Health Care FSA.**

## Dependent Care FSA

For 2023-24, you may contribute up to \$4,583 (per family) to cover eligible dependent care expenses (\$2,291.50 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or day-care centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care FSA:** Unused funds of up to \$610 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$610 will **NOT** be returned to you or carried over to the following year.

**You file claims within 90-days after plan year end 12/31/24.**

*Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.*

# Life and AD&D

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Guardian.

Benefit Amount	
Employee	\$20,000

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Guardian for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue <sup>1</sup>
Employee	\$10,000 increments up to \$500,000	Up to age 65: \$100,000 / Age 65-69: \$50,000 / Age 70+: \$10,000
Spouse/RDP	\$5,000 increments up to \$100,000, not to exceed 50% of employee benefit	\$25,000
Child(ren)	\$1,000 increments up to \$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.
2. Employee must enroll in order to cover dependents.

# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Short-Term Disability – Non - CA Only

Provided at **NO COST** to you through Guardian for employees outside CA. CA employees are covered by CASDI.

<b>Benefit Percentage</b>	60% of Salary
<b>Weekly Benefit Maximum</b>	\$1,300
<b>When Benefits Begin</b>	after 7 days
<b>Maximum Benefit Duration</b>	25 weeks of benefit

## Voluntary Long-Term Disability

Provided at an affordable group ratethrough Guardian.

<b>Benefit Percentage</b>	60% of Salary
<b>Monthly Benefit Maximum</b>	\$10,000
<b>When Benefits Begin</b>	after 180 days of disability
<b>Maximum Benefit Duration</b>	Social Security Normal Retirement Age (SSNRA)

**Note:** After initial offering of Long-term Disability, Evidence of Insurability may be required to enroll.

# Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through IBH Work Life Matters.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Substance abuse
- ▶ Relationships or marital conflicts
- ▶ Grief and loss
- ▶ Child and eldercare
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ 24/7 telephonic sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Guardian are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500<sup>1</sup>. And it's not only broken limbs – an average non-fatal injury could cost you \$6,620 in medical bills<sup>2</sup>. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

## Critical Illness

Most of us don't have an extra \$7,000 ready to spend – even if we do, we don't want to use it all on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000<sup>3</sup>. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses and more.

Coverage Examples	Benefit
<b>Critical Illness Benefit Amount</b>	\$1,000
<b>Invasive Cancer</b>	100%
<b>Heart Attack or Stroke</b>	100%
<b>Coronary Arteriosclerosis</b>	30%
<b>Organ Failure</b>	100%

\*free \$1,000 benefit for those enrolled in vision.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov  
 2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.  
 3. MetLife Accident and Critical Illness Impact Study.

# Valuable Extras

## We also offer the following additional benefits:

- ▶ Guardian WillPrep Services
- ▶ Travel Assistance Services
- ▶ HealthJoy is the first stop for all your healthcare and employee benefits needs. Save time, money, and a ton of aggravation. Don't try to navigate your benefits alone. HealthJoy is here to help you any time, anywhere. Our healthcare concierge team is available LIVE.
  - HealthJoy is provided free by your employer and personalized for you
- Get Instant access to an up-to-date benefits wallet with all your benefit cards
- Ask a healthcare concierge for help with healthcare questions
- Get help searching for a local doctor
- Access JOY or live chat 24/7
- Have an expert review your prescription costs to find potential savings

# Cost of Benefits

November 1, 2023-September 30, 2024 (11-month plan year)

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

## Medical

Coverage Tier	Bi-Weekly Employee Contribution	
	Cigna-HPI	
	Cigna PPO Low	Cigna PPO High
Employee Only	\$75.00	\$275.00
Employee + Spouse/RDP	\$250.00	\$625.00
Employee + Child(ren)	\$200.00	\$550.00
Family	\$375.00	\$900.00

## Dental

Coverage Tier	Bi-Weekly Employee Contribution		
	Delta Dental		
	DHMO	DPPO Low	DPPO High
Employee Only	\$0.00	\$0.00	\$6.50
Employee + Spouse/RDP	\$6.32	\$16.50	\$30.00
Employee + Child(ren)	\$6.66	\$22.00	\$34.00
Family	\$12.71	\$42.00	\$62.00

## Vision

Coverage Tier	Bi-Weekly Employee Contribution
	Guardian with VSP Choice Network
Employee Only	\$0.00
Employee + Spouse/RDP	\$4.00
Employee + Child(ren)	\$3.00
Family	\$7.50

**Registered Domestic Partner (RDP) Contributions:** Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.

# Cost of Benefits (cont.)

## Voluntary Life/AD&D

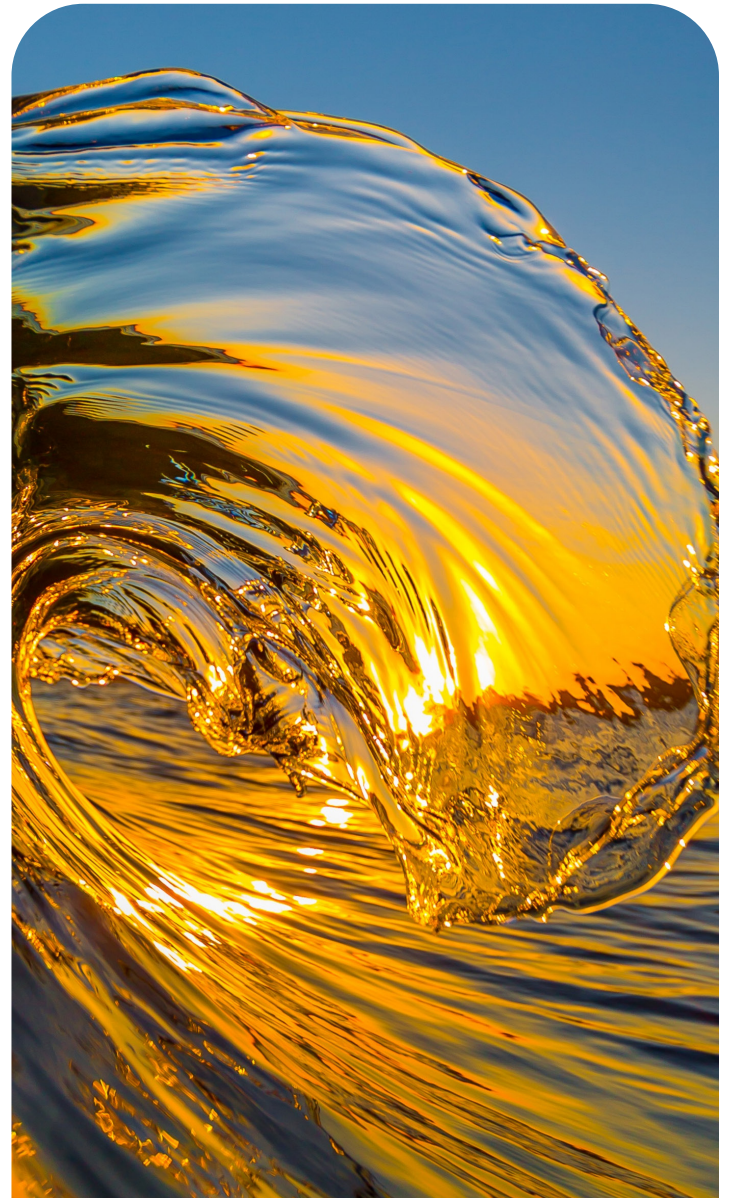
Rate by Age	Monthly rates per \$1,000 of Benefit
<b>Life/AD&amp;D</b>	
Less than 25	\$0.110
25-29	\$0.110
30-34	\$0.117
35-39	\$0.140
40-44	\$0.188
45-49	\$0.284
50-54	\$0.445
55-59	\$0.667
60-64	\$1.034
65-69	\$1.743
70-74	\$3.228
75+	\$3.228

## Voluntary Long-Term Disability

Voluntary Long-Term Disability	Guardian
<b>Vol LTD Rate by Age - Per \$100 Covered Monthly Payroll</b>	
less than 20	\$0.130
20-24	\$0.130
25-29	\$0.170
30-34	\$0.310
35-39	\$0.490
40-44	\$0.760
45-49	\$1.250
50-54	\$1.680
55-59	\$1.940
60-99	\$1.970

## Voluntary Accident Benefit

Coverage Tier	Rates bi-weekly
EE Only	\$7.72
EE + Spouse	\$12.81
EE + Children	\$13.16
EE + Family	\$18.25



# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	HPI	8877-734-6692	<a href="http://www.hpitpa.com">www.hpitpa.com</a>
Rx Coverage	SmithRx Member Support	8844-454-5201	<a href="http://www.smithrx.com">www.smithrx.com</a>
Voluntary Benefits	Guardian	888-600-1600	<a href="http://guardianlife.com">guardianlife.com</a>
Dental	DentalCare DHMO / Delta Dental DPPO	800-422-4234 / 888-335-8227	<a href="http://deltadentalins.com">deltadentalins.com</a>
Vision	Guardian Vision	888-600-1600	<a href="http://guardianlife.com">guardianlife.com</a>
Flexible Spending Accounts (FSAs)	HPI	877-734-7004	<a href="mailto:Flex@healthplansinc.com">Flex@healthplansinc.com</a>
Life/AD&D	Guardian	888-600-1600	<a href="http://guardianlife.com">guardianlife.com</a>
Disability	Guardian	888-600-1600	<a href="http://guardianlife.com">guardianlife.com</a>
Employee Assistance Program (EAP)	IBH Work Life Matters	800-386-7055	<a href="http://ibhworklife.com">ibhworklife.com</a> User: Matters / Pass: wlm70101
Will Prep	Guardian	877-433-6789	<a href="http://ibhwillprep.com">ibhwillprep.com</a> User: WillPrep / Pass: GLIC09
Travel Assistance	Guardian TravelAid	800-537-2029	<a href="http://ibhtravelaid.com">ibhtravelaid.com</a>
Medical Concierge	HealthJoy	app troubleshooting only: (877) 500-3212	<a href="http://www.healthjoy.com/download">www.healthjoy.com/download</a> ; <a href="https://healthjoy.com/educational-videos">https://healthjoy.com/educational-videos</a>

## Benefits Website

Our benefits website [Paylocity.com](http://Paylocity.com) can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

Human Resources Department-Ken Grime  
800-772-3522

[kengrime@bejac.com](mailto:kengrime@bejac.com)



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.