

Medical

Effective January 1, 2019 – December 31, 2019

	Blue Shield Access+ HMO 20–250	Kaiser Traditional HMO	Blue Shield PPO 10–250 90/70	
			NETWORK	NON-NETWORK
Deductible	None	None	\$250 Individual/\$500 Family	
Out-of-Pocket Maximum	\$2,000 Individual \$4,000 Family	\$1,500 Individual \$3,000 Family	\$1,750 Individual \$3,500 Family	\$3,250 Individual \$6,500 Family
Office Visits / Self-referred Specialist	\$20* / \$30	\$20	\$10	30%
Preventive Care	No Charge	No Charge	No Charge	Not Covered
Hospital Services	\$250/admission	\$250/admission	10%	30% up to \$600/day
Emergency Room	\$150/visit	\$100/visit	\$150/visit + 10% coinsurance	\$150/visit + 10% coinsurance
Prescriptions	30-day supply	30-day supply	30-day supply	30-day supply
• Tier 1	\$5	\$10	\$10	25% of purchase price + \$10
• Tier 2	\$10	\$30	\$30	25% of purchase price + \$30
• Tier 3	\$25	\$30	\$50	25% of purchase price + \$50
• Tier 4	20% to \$200	\$30	30% up to \$200	25% of purchase price + 30% coinsurance to \$200
Mail Order Drug Program	\$10/\$20/\$50/20% to \$400 90-day supply	\$20/\$50/\$60/NA 100-day supply	\$20/\$60/\$100/30% to \$400 90-day supply	N/A

*\$20 specialist copay if referred by PCP, \$30 specialist copay self-referral, must remain in medical group

Dental (United Concordia)

	ELITE PLUS NETWORK	NON-NETWORK
Deductible	\$50 individual, \$150 family	
Preventive (deductible waived)	100%	100%
Basic	80%	80%
Major	50%	50%
Calendar Year Max.	\$1,500 person	
Orthodontia (Adult & Child)	50%	50%
Ortho Lifetime Maximum	\$1,500	

Vision (VSP)

	CHOICE NETWORK
Frequency (months)	12 exam / 12 lenses / 24 frames
Examination	\$10 copay
Materials	\$25 copay
Lenses	Covered in full copay
Frames	\$150 allowance
Elective contacts - in lieu of frames	\$150 allowance

Contributions

- Opportunity Fund contributes 100% of employee premiums and 85% of dependent premiums for medical, dental, and vision coverage
- Benefit Opt-Out Credits available for medical, dental, and vision

Basic Life/AD&D Insurance



- 1x salary to a maximum of \$100,000 (employer paid)

Voluntary Life/AD&D Insurance



- Increments of \$10,000 to a maximum of 5x salary
- Guarantee Issue Amount: \$150,000
- Dependent coverage is also available

Long Term Disability



- 60% of an employee's current monthly salary up to \$6,000 per month
- Benefit payments will begin after a 90-day elimination period

Flexible Spending Accounts (FSA)



- Health Care: \$2,700 annual maximum
- Dependent Care: \$5,000 annual maximum

Other Company Benefits



- 11 paid holidays, 12 vacation days, and 10 sick days annually. Additional time off the increased tenure
- \$1,000 employer contribution plus \$1,000 employer match to 403b plan. Additional matching with increased tenure



- Paid parking or commuter check benefit for our downtown location
- Career Development program and \$1,500 annual budget per employee

Carrier Contact Information

Plan	Carrier	Contact info	Policy #
Medical	Blue Shield	888-256-1915 blueshieldca.com	W0083556
Medical	Kaiser	800-464-4000 kp.org	659268 NCA 341879 SCA
Dental	United Concordia	888-320-3316 unitedconcordia.com	907332
Vision	VSP	800-877-7195 vsp.com	30049820
Life, AD&D & Disability	The Hartford	800-303-9744 hartfordlife.com	874778
EAP Ability Assist	The Hartford	800-964-3577 guidanceresources.com	HLF902/ABILI
Travel Assist	The Hartford	800-243-6108 thehartford.com	ID #GLD-09012