



2021

Benefits Guide

January 1 - December 31, 2021



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 his/her 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.

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 January 1 - December 31, 2021.

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 31 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.

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.

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Go to <https://nw13.ultipro.com/Login>. There, you will find detailed information about the plans available to you and instructions for enrolling.

Medical Plans

We are proud to offer you a choice among four different 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.

Kaiser Permanente HMO Plans

With these plans, you must use Kaiser facilities and providers for your medical and pharmacy needs. Services received outside of the Kaiser network are not covered, except in the case of emergency medical care.

Sutter Health Plus HMO Plans

With these plans, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.



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	Kaiser Permanente HMO Base	Kaiser Permanente HMO Buy Up	Sutter Health Plus HMO Base	Sutter Health Plus HMO Buy Up
	In-Network Only	In-Network Only	In-Network Only	In-Network Only
Deductible (per calendar year)				
Individual / Family	\$1,500 / \$3,000	None	\$1,500 / \$3,000	None
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$4,000 / \$8,000	\$1,500 / \$3,000	\$4,000 / \$8,000	\$1,500 / \$3,000
Covered Services				
Office Visits (physician/specialist)	\$20 copay	\$15 copay	\$20 copay	\$10 copay
Routine Preventive Care	No charge	No charge	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	\$10 copay	No charge	\$20 / \$10 copay	\$10 copay
Complex Imaging	20% up to \$150	No charge	\$50 copay	\$50 copay
Ambulance	\$150 copay	\$50 copay	No charge*	\$100 copay
Emergency Room	20%* ¹	\$100 copay ¹	20%* ¹	\$100 copay ¹
Urgent Care Facility	\$20 copay	\$15 copay	\$20 copay	\$10 copay
Inpatient Hospital Stay	20%*	\$250 copay	20%*	\$250 copay
Outpatient Surgery	20%*	\$15 copay	20%*	\$10 copay
Prescription Drugs				
	(Generic / Brand / Specialty)		(Tier 1 / Tier 2 / Tier 3 / Tier 4)	
Retail Pharmacy (30-day supply)	\$10 / \$30 / 20% ²		\$10 / \$30 / \$60 / 20% ³	\$10 / \$30 / \$60 / 20% ⁴
Mail Order (100-day supply)	2 copays		2 copays	2 copays

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. Waived if admitted
2. Up to \$200 per prescription
3. Up to \$100 per prescription
4. Up to \$250 per prescription

Dental Plan

Equitable DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Equitable network.

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

Key Dental Benefits	Equitable DPPO	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	\$2,000	\$2,000
Covered Services		
Preventive Services	No charge	No charge
Basic Services	10%*	20%*
Major Services	30%*	30%*
Orthodontia (Child Only)	50%; \$1,000 lifetime max	50%; \$1,000 lifetime max

Coinsurance 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 Plan

The **VSP 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 VSP network.

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

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$20	Up to \$50
Materials Copay	\$20	Up to \$70
Lenses (once every 12 months)	No charge after copay	Up to \$50
Single Vision		Up to \$75
Bifocal		Up to \$100
Trifocal		
Frames (once every 12 months)	\$150 allowance (\$170 for featured brands) ¹	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	\$130 allowance	Up to \$105

1. 20% savings on the amount over your allowance.

Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through BASIC. 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 2021, you may contribute up to \$2,750 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
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2021, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 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 daycare 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.

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 \$550 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 \$550 will **NOT** be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You have until March 31, 2022 to file claim.

Life and AD&D Insurance

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 Equitable.

Benefit Amount*	\$50,000
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*Benefit Reductions begin at age 70

Supplemental Life/AD&D (Employee-paid)

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

	Benefit Option*	Guaranteed Issue**
Employee	Up to \$500,000, not to exceed 3 times employee's Basic Annual Earnings	\$150,000
Spouse/RDP	Up to \$150,000, not to exceed 50% of the employee's supplemental life amount.	\$25,000
Child(ren)	Up to \$10,000	\$10,000

*Benefit Reductions begin at age 70

**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.

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

Provided at **NO COST** to you through Guardian.

Benefit Percentage	25%
Weekly Benefit Maximum	\$1,500
When Benefits Begin	8th day
Maximum Benefit Duration	13 weeks

Voluntary Long-Term Disability

Provided at an affordable group rate through Equitable.

Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
When Benefits Begin	91st day
Maximum Benefit Duration	ADEA1 with SSNRA



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 AnthemEAP.

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

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

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to 6 in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

(800) 999-7222

www.anthemead.com

Company Code: SNAHC

Valuable Extras

529 College Savings Plan

The Section 529 plan through ScholarShare allows you to save money for college. You contribute to an account on an after-tax basis and use the money to pay for qualified expenses (e.g., tuition, books, room and board) for you or your child(ren). Your earnings in the account will be free from any federal income taxes.

For more details or if you are interested in enrolling, please contact ScholarShare at (800) 544-5248 or online at scholarshare.529.com

Group Legal Plan

You can enroll in the legal assistance plan, which is designed to help you with many everyday issues, including traffic violations, credit problems, child custody matters, and landlord issues.

As a participant in the LegalShield plan, you will have access to a wide variety of attorneys from top law firms in your area. Contact HR if you are interested in enrolling.

Pet Insurance

Pet's Best pet insurance offers affordable plans for dogs and cats. Policies cover a wide range of care from minor ailments to serious conditions such as cancer and heart disease.

Pet Insurance reimburses for:

- ▶ Office visits
- ▶ Prescriptions
- ▶ Treatments
- ▶ Lab fees
- ▶ X-rays
- ▶ Surgeries
- ▶ Hospitalization
- ▶ And more!

For more details or if you are interested in enrolling, please visit Pet's Best at petsbest.com/snahcpet Discount code: SNAHCPET.

Valuable Extras (Cont'd)

BenefitHub

BenefitHUB is an exclusive employee discount program that can help you save big on thousands of items daily such as travel, apparel, tickets, auto, electronics, insurance, education, restaurants and so much more! To get started, go to snahc.benefithub.com.

403(b) Retirement Plan

Plan for retirement by contributing to the 403(b) Retirement Savings Plan on a pre-tax or after tax basis. It offers a wide variety of investment funds so you can choose what best meets your needs.

Advantages of Contributing

The 403(b) Retirement Savings Plan helps you meet your financial goals with the following advantages:

- ▶ Tax savings on pre-tax contributions
- ▶ 2021 IRS Maximum – \$19,500
- ▶ Catch-up contributions over age 50 – \$6,500
- ▶ A matching contribution of up to 3% after 90 days of service
- ▶ Choice of investment funds
- ▶ Convenient payroll deductions

Receiving Benefits

Funds are available for withdrawal and use without penalty after the age of 59 1/2. Funds may be available for use for individuals under the age of 59 1/2 under specific conditions or in an emergency, but may incur a penalty upon withdrawal.

Automatic Enrollment

You will automatically be enrolled in the Plan upon hire. 3% of your eligible pay each pay period will be deducted and contributed to the Plan. Your contributions will automatically be invested into an age appropriate target date fund.

Making Changes

You may change the amount you are contributing to your 403(b) in your OnePoint account, and change your investment allocations at newportgroup.com



Cost of Benefits

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. **Please refer to the separate rate sheet for your contributions or during your online enrollment.**

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Kaiser Permanente	(800) 464-4000	www.kp.org
	Sutter Health Plus	(855) 315-5800	www.sutterhealthplus.org
Dental	Equitable	(866) 274-9887	www.equitale.com/employee-benefits
Vision	Vision Services Plan (VSP)	(800) 877-7195	www.vsp.com
Flexible Spending Accounts (FSAs)	BASIC	(800) 372-3539	www.basiconline.com
Life/AD&D	Equitable	(866) 274-9887	www.equitale.com/employee-benefits
Short-Term Disability	Guardian	(800) 286-2525	www.guardiananytime.com
Long-Term Disability	Equitable	(866) 274-9887	www.equitale.com/employee-benefits
Employee Assistance Program (EAP)	AnthemEAP	(800) 999-7222	www.anthemep.com / Company Code: SNAHC

Benefits Website

Our benefits website <https://nw13.ultipro.com/Login> can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

Human Resources Team
(916) 341-0576
humanresources@snahc.org



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.

