

# Benefits Guide 2023-2024 Plan Year

# **ACA Associates**



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# Congratulations!!

Congratulations on being eligible for benefits under the Affordable Care Act (ACA). Our purpose is to make profound, positive differences in people's lives, and our associates make that possible. That is why we are committed to providing a benefits program that is comprehensive and competitive in order to meet your needs. ESSC not only provides medical, dental, vision, flexible spending account(s), and health savings account to help you stay physically healthy, but offers a 401(k) plan to help you stay financially healthy in the future.

This guide provides a general overview of your ESSC benefits. To learn more, please visit the Benefits page on the intranet at <a href="https://inside.essc.org/">https://inside.essc.org/</a>.



# **Your Benefits Package**

As an ESSC associate, you may be eligible for a number of great benefits including:

- Medical insurance through UnitedHealthcare and Kaiser
- Dental insurance through UnitedHealthcare
- Vision insurance through VSP
- Health Savings Account (HSA) through Optum Bank
- Health Care and Dependent Care Flexible Spending Accounts (FSAs) through Optum Bank
- 401(k) Retirement plan through Lincoln Financial
- Employee Assistance Program (EAP) through Optum
- Student Loan Counseling and Assistance Program through PeopleJoy
- Healthcare Concierge with TouchCare
- Group Discount Program with PerkSpot
- Paid Time off
- Holiday Pay (90 day waiting period)

TAKE ACTION! This guide describes your health plan options and other important benefits. Use this information, along with other helpful resources available in UKG and the Benefits page on the Intranet to choose the coverage that's right for you and your family.

### **Eligibility, Enrollment and Waiting Periods**

Eligibility, enrollment and waiting periods vary by plan and role. Please review the table below and plan documents. Plan documents can be found on the benefits page.

| Benefit Plans                                                                                       | Enrollment Period                 | Eligibility                                                                   |
|-----------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------|
| <ul><li>401(k) Plan with Company Match</li><li>PTO Accrual</li></ul>                                | Immediately upon date of hire     |                                                                               |
| <ul><li>Medical</li><li>Dental</li><li>Vision</li><li>HSA/FSA</li></ul>                             | 30 days from ACA eligibility date | Eligibility due to ACA: First day of the month following ACA eligibility date |
| <ul><li>EAP</li><li>Student Loan Counseling<br/>Program</li><li>Perkspot Discount Program</li></ul> | At any time                       |                                                                               |

# **Eligibility**

### Who's Eligible

Full-time associates working 30+ hours per week are eligible for all benefits. Part-time associates working between 20-30 hours per week are eligible for Voluntary Benefits.

### **Eligible Dependents**

When enrolling eligible dependents, you must provide their Social Security Number and date of birth. Dependents are eligible if they are:

- Spouse or domestic partner
- Children or children of your spouse or domestic partner, up to age 26 for medical, dental or vision
- Disabled children of any age who cannot support themselves
- Children placed with you for adoption
- Children for whom you or your spouse is the court appointed guardian

### PROOF OF **DEPENDENT STATUS**

You must provide proof of eligibility for all newly added dependents. A member of the benefits team will reach out to you to request copies of appropriate documentation to verify your dependent's eligibility.

### **Domestic Partner**

You and your domestic partner must meet these requirements to be eligible for coverage:

- · Civil Union License; or
- Proof of domestic partnership, the partner's joint responsibility of shared financial obligations, including at least two of the following documents:
  - Joint mortgage or lease;
  - Designation of domestic partnership as primary beneficiary for life insurance;
  - Designation of domestic partner as primary beneficiary in employee's will;
  - Durable property of healthcare powers of attorney;
  - Joint ownership of an automobile, joint bank account, or joint credit account; and/or,
  - Documentation from cities across the United States which recognizes domestic partnerships

### TAX IMPLICATIONS OF **COVERING DOMESTIC PARTNER:**

If you enroll your domestic partner or their eligible dependents, the IRS requires that you pay federal income tax on the fair market value of their coverage. This cost is in addition to the associate's contribution you must make for their coverage.

## **Eligibility** (continued)

### **Qualifying Life Event**

You may make changes during the year if you have a change in your status or a qualifying life event. These events may include:

- Marriage or declaration of domestic partnership
- Legal separation, divorce, termination of domestic partnership
- Birth, adoption, or getting legal custody of a child
- Death of a dependent or loss of legal custody
- A dependent's loss of eligibility
- Losing other coverage

# Enrolling is as easy as 1,2,3



Visit InsideESSC to learn more about what benefits, tools and resources are available to you. Review your benefit options and costs. Think about whom

you want to cover.

Access InsideESSC by going to: https://essc.okta.com

- Click on InsideESSC then "Benefits" tile to learn about ESSC benefits
- Enroll

Medical, Dental, Vision, HSA, and FSA

- 1. Access UKG
- 2. Navigate to the dropdown menu > Myself > Life Events
- Select the following session:
  - Newly Benefit Eligible

Review Expect an email from a member of the Benefits Team after your enrollment. The email will include information on how to use your coverage. Review the email and reach out to the Benefits Team if there are any errors.



#### **Contact the Benefits Team**

- Email: benefits@essc.org
- 657-207-5364 for Lydia Nhem
- 657-207-5775 for Lorraine Mills

#### Need UKG log in assistance?

- Email: helpdesk@essc.org with "UKG log-in help" in subject line
- Phone: 657-301-3388

# Eliminate benefit cost confusion with ALEX®

When you are confused about your benefits, you can make costly mistakes. ALEX can help you better understand the benefit offerings through ESSC and suggest the best benefit plans for you and your family.

## Alex will

- Guide you through each benefit option and suggest the best plan for you and your family
- Provide you with an estimate of how much you will pay out of each paycheck and out of pocket
- Help you discover ways to save on taxes



Your alex experience is totally private. He doesn't maintain personal information or submit it back to your employer (or anyone else), so it's completely anonymous.

# To get started







- 1. Once you have made a decision about your benefits, access the **UKG website**
- 2. Navigate to the drop-down menu: Myself > Life Events
- 3. Select the following session:
  - Newly Benefit Eligible



# **Healthcare Concierge** and Caring Advocacy

Free, confidential, expert assistance

TouchCare healthcare concierge program delivers easy access to a personal health assistant. The program can help you with billing, provider, plan design and coverage questions. TouchCare health assistant can give you the information you need—when you need it—to help you make informed choices as you navigate the health care system.

### **Get in Touch with TouchCare**

- 866-486-8242 (M-F, 5 a.m. 6 p.m. PST)
- Email TouchCare at: assist@touchcare.com
- Visit the webpage for more information

This benefit is offered to full time associates at no cost!



# **Important Definitions**

### These terms will help you as you read through this guide

#### **Deductible**

This is the amount you have to pay out of pocket before the plan starts to pay.

#### Coinsurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 10%). Coinsurance is the amount you will pay for health care services after you meet the deductible.

### **Embedded Family Deductible**

A single member of a family doesn't have to meet the full family deductible in order for co-insurance to kick in. They must individually meet the deductible.

#### In-network

Providers who contract with the insurance companies to provide services to the insured (associates). Providers offer services at a reduced cost to the insured (associates).

#### **Out-of-network**

Health care provider or facility that does not have a contract with an insurance company. Services received by an out-of-network provider are typically more expensive than services provided by an in-network provider. Associates enrolled in UnitedHealthcare HDHP or UnitedHealthcare PPO can access health services from providers in-network and out-of-network.



# **Health Plans**

### UnitedHealthcare PPO



UnitedHealthcare PPO Plan (UHC PPO) is a Preferred Provider Plan. This plan has higher bi-weekly premiums than our other plans, but also lower annual deductibles. You may visit any doctor or specialist you choose, in-network or out-of-network, and these services will be covered in accordance with the plan terms.

Services that qualify as either "preventive care services" or "preventive care prescriptions" received through in-network providers are covered at 100% by the plan. For in-network office visits, you pay a copayment. For other care, you pay 100% of expenses until you meet the deductible before the plan

starts paying. If you cover dependents on your plan, each person must meet the individual deductible until the family deductible is met. You may meet the family deductible by any combination of covered medical expenses you and your covered family members incur.

#### NOTE:

Check to see if your doctor is in-network using UHC's provider search tool at: www.whyuhc.com/selectpluswest

### UnitedHealthcare HMO

The HMO plan only allows services rendered through in-network providers. You will not have coverage for services rendered out of network.

You will be auto assigned a primary care physician (PCP). Your PCP will act as a gatekeeper through the healthcare system and coordinate additional care for you. Your ID card will have your PCP listed. You can switch your PCP by calling member services.

#### NOTE:

Check to see if your doctor is in-network using UHC's provider search tool at: www.whyuhc.com/casignaturevalue

### Kaiser HMO



You must use healthcare providers and facilities in the Kaiser network only. You choose the primary care physician (PCP) who will refer you to specialists if necessary. Most services require a copay and other services require you to meet a deductible.

# UnitedHealthcare **High Deductible Health Plan** with Health Savings Account

The High Deductible Health plan with UnitedHealthcare (UHC HDHP) is a Preferred Provider Plan (PPO) that includes a health savings account (HSA). This plan has lower bi-weekly premiums than our other plans, but also higher annual deductibles. You may visit any doctor or specialist you choose, in-or out-of-network, and these services will be covered in accordance with the plan terms.

Services that qualify as either "preventive care services" or "preventive care prescriptions" received through in-network providers are covered at 100% by the plan. Other services, including prescription drugs, are subject to your medical plan deductible. Review plan comparison chart for more information.

### **How the Deductible Works**

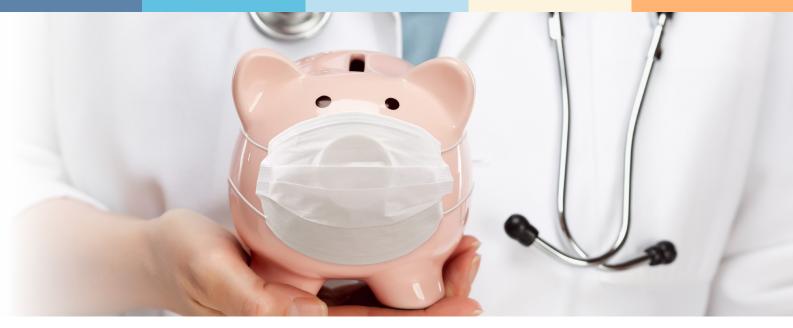
The family deductible works different from the standard PPO plan. "Family coverage" is any coverage with more than only you (i.e., employee + children or spouse/partner). You must meet the family deductible before the plan starts paying any benefits. Remember, until you meet the deductible, you pay 100% of the cost of most healthcare and prescription drugs. If an individual within the family coverage were to meet the "individual deductible" then the plan starts sharing in the cost for that individual. This is known as an embedded deductible.

Once you meet the family in-network deductible, the plan's coinsurance kicks in; you will pay 20% for all covered in-network medical services and most prescription drugs until you reach the out-ofnetwork maximum. Once you hit that, the plan will pay 100% of covered care for the rest of the year.

#### **Example**

Barbara has medical coverage for herself, her spouse, and their two children. They have met the \$5,600 in-network family deductible. As a result, the insurance carrier will pay 80% of covered care and prescriptions drugs for the family until the out-of-pocket maximum is reached. This is called coinsurance. The cost sharing that Barbara is responsible for can be paid or reimbursed from Barbara's HSA.

| Participant | Covered Expenses |
|-------------|------------------|
| Barbara     | \$2,000          |
| Spouse      | \$4,500          |
| Child 1     | \$1,000          |
| Child 2     | \$500            |
| Total       | \$8,000          |



## **Health Savings Account (HSA)**

The HSA account is administered by Optum Bank. When you enroll in the UnitedHealthcare HDHP (UHC HDHP), ESSC will automatically open an accompanying HSA account, which is a tax-deferred account for paying qualified health care expenses.

Unused funds roll over year to year. Unlike an FSA, there is no "use it or lose it" penalty. The HSA is a lot like a regular bank account, but the interest your HSA earns is tax-free. If you leave the company, you can take the HSA with you because the account belongs to you. The HSA is not an ESSC sponsored benefit; it's an account you own.

|                                    | ESSC Contributions   | ESSC Annual Contributions |
|------------------------------------|----------------------|---------------------------|
| Associate Only                     | \$38.46 per paycheck | \$1,000 per year          |
| Associate + one or more dependents | \$76.92 per paycheck | \$2,000 per year          |

### **HSA Contributions**

ESSC contributes money into your HSA account; you also have the option to contribute your own money into your HSA account. Your contributions are taken out of your paycheck before federal taxes are calculated on your income, so you pay less income taxes. You can start, stop and change your contributions during the year.

|                                    | 2023 HSA IRS Limit* |
|------------------------------------|---------------------|
| Associate Only                     | \$3,850 per year    |
| Associate + one or more dependents | \$7,750 per year    |

### DID YOU KNOW?

You can use the HSA on healthcare for yourself and your dependents. Review the IRS rules on HSAs for more details. www.irs.gov (Publication 969).

<sup>\*</sup>You can make an additional \$1,000 annual contribution if you are age 55 or older.

# Save tax-free money to pay health and dependent care expenses.

### Flexible Spending Account(s)

Flexible spending accounts (FSAs) allow you to set aside money on a pre-tax basis to pay eligible healthcare and dependent day care expenses. You must choose a contribution amount during the enrollment period to participate in the FSA; the amount you contributed last year does not automatically roll over.

We offer two types of FSAs:

- Healthcare FSA
- Dependent Care FSA

You determine how much to contribute to each account. Your contributions are deducted on a before-tax basis (subject to IRS). FSAs are administered by Optum Bank.

#### **USE IT OR LOSE IT!**

You have from July 1, 2023 -June 30,2024 to use your FSA funds. Make sure you plan your contributions carefully because you will lose any unused funds.

You can use the FSA on healthcare for yourself and your dependents. Review the IRS rules on FSAs for more details. www.irs.gov (Publication 502).

### **Healthcare FSA**

Annual contributions of up to \$3,050 per plan year. You receive the entire amount at the beginning of the plan year. You may use funds to pay medical and dental plan deductibles, copays and coinsurance; prescription drugs; vision care expenses, including contacts; orthodontics; medical equipment and more. If you are enrolled in the High Deductible Health Plan with UnitedHealthcare, you are not eligible to enroll in the Healthcare FSA.

### **Dependent Care FSA**

Annual contributions of up to \$5,000 per plan year. Funds are available as they accumulate in your account. If you work and have an eligible child that needs care during the day, the Dependent Care FSA may be right for you. The child(ren) have to be under the age of 13. The IRS limits the total amount of money you can contribute to dependent care to \$5,000 each year for married couples filing jointly, unmarried couples and single individuals and \$2,500 if you are married and filing separately.

#### NOTE:

Consult your tax advisor on whether you should enroll in the Dependent Care FSA or take advantage of the federal dependent care tax credit.

# **Benefit Plan Options**

This table is an overview of your medical plan options and the coverage available under each plan. For details, see the applicable Summary Plan Description (SPD) or Summary of Benefits and Coverage (SBC) on Inside ESSC.

| Plan Feature                                                           | UHC HDHP with HSA                                                                                    | UHC PPO                                                                                 | UHC HMO                                                 | Kaiser HMO                                              |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| Plan Network                                                           | Select Plus West                                                                                     | Select Plus West                                                                        | CA Signature Value                                      | Kaiser Permanente<br>Southern California                |
| Preventative<br>Care                                                   | Covered at 100%<br>(In-network only)                                                                 | Covered at 100%<br>(In-network only)                                                    | Covered at 100%                                         | Covered at 100%                                         |
| Deductible<br>(Individual/<br>Family)<br>Resets to \$0 on<br>January 1 | \$3,000/\$6,000<br>(In-network)<br>\$6,000/\$12,000<br>(out-of-network)<br>Embedded Family           | \$500/\$1,000<br>(In-network)<br>\$1,500/\$3,000<br>(out-of-network)<br>Embedded Family | \$1,000/\$2,000<br>(In-network only)<br>Embedded Family | \$1,500/\$3,000<br>(In-network only)<br>Embedded Family |
| Health Savings<br>Account (HSA)                                        | Company HSA<br>Contribution<br>\$1,000 Associate only<br>\$2,000 Associate + 1<br>or more dependents | Not Eligible                                                                            | Not Eligible                                            | Not Eligible                                            |
| Annual Out-<br>of-pocket<br>maximum<br>Resets to \$0 on<br>January 1   | \$5,000/\$10,000<br>(In-network)<br>\$10,000/\$20,000<br>(out-of-network)                            | \$2,500/\$5,000<br>(In-network)<br>\$7,500/\$15,000<br>(out-of-network)                 | \$3,000/\$6,000<br>(In-network)                         | \$4,000/\$8,000<br>(In-network)                         |
| Office/<br>Specialist Visit                                            | 10% coinsurance*<br>(In-network)<br>50% coinsurance*<br>(out-of-network)                             | \$15/\$30 copay<br>(In-network)<br>50% coinsurance*<br>(out-of-network)                 | \$30/\$45 copay<br>(In-network)                         | \$40/\$50 copay<br>(In-network)                         |
| Outpatient<br>Surgery                                                  | 10% coinsurance*<br>(In-network)<br>50% coinsurance*<br>(out-of-network)                             | 10% coinsurance*<br>(In-network)<br>50% coinsurance*<br>(out-of-network)                | 20% coinsurance*<br>(In-network)                        | 30% coinsurance*<br>(In-network)                        |
| Hospital Stay                                                          | same as above                                                                                        | same as above                                                                           | same as above                                           | same as above                                           |
| Emergency<br>Room                                                      | 10% coinsurance*<br>(In-network)<br>10% coinsurance*<br>(out-of-network)                             | 10% coinsurance*<br>(In-network)<br>10% coinsurance*<br>(out-of-network)                | \$250 copay                                             | 30% coinsurance*<br>(In-network)                        |

<sup>\*</sup>Coinsurance is the amount you will pay after you meet the deductible.

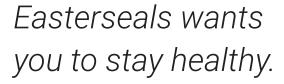
# **Prescription Drugs**

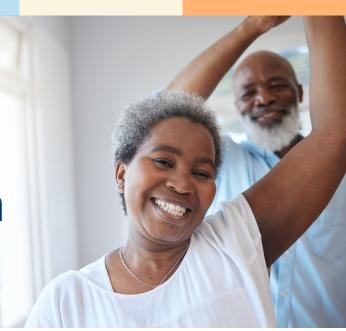
This table is an overview of your medical plan options and the coverage available under each plan. For details, see the applicable Summary Plan Description (SPD) or Summary of Benefits and Coverage (SBC) on Inside ESSC.

|                                         | UHC HDHP<br>with HSA                                                         | UHC PPO                                               | инс нмо         | Kaiser HMO                                                                  |
|-----------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------|-----------------|-----------------------------------------------------------------------------|
| Retail Tier 1<br>Generic                | \$10<br>(after deductible)<br>(In-network and<br>out-of-network)             | \$5<br>(In-network and<br>out-of-network)             | \$5             | \$10                                                                        |
| Retail Tier 2<br>Formulary Brand        | \$35<br>(after deductible)<br>(In-network and<br>out-of-network)             | \$30<br>(In-network and<br>out-of-network)            | \$30            | \$30                                                                        |
| Retail Tier 3<br>Non-Formulary<br>Brand | \$70<br>(after deductible)<br>(In-network and<br>out-of-network)             | \$65<br>(In-network and<br>out-of-network)            | \$65            | \$30                                                                        |
| Retail Tier 4<br>Specialty RX           | \$10/\$150/\$250<br>(after deductible)<br>(In-network and<br>out-of-network) | \$5/\$150/\$250<br>(In-network and<br>out-of-network) | \$5/\$150/\$250 | 20% coinsurance*<br>up to \$250<br>maximum,<br>deductible<br>does not apply |



# UnitedHealthcare "Simply Engaged" **Wellness Program**





We're pleased to announce a special wellness program for those enrolled in UnitedHealthcare plans. The "Simply Engaged" wellness program offered through UnitedHealthcare is an innovative incentive program that may help you and your covered spouse or domestic partner meet personal health and wellness goals. Through this program you can learn how to make more informed healthcare decisions, create a personalized action plan and complete specific health actions—with special rewards along the way. Both you and your spouse or domestic partner can earn up to \$200 in gift cards per year by completing any combination of activities listed on below.

| Health Action                      | Reward                       | Description                                                                                                                                                                                                                           |
|------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health Survey and<br>Watch a Video | \$25 + Rally Coins*          | Complete the Health Survey to earn rewards, get your rally age and set health goals that may be important to you.                                                                                                                     |
| Biometric Screening                | \$75 + Rally Coins*          | Participate in a confidential biometric screening to earn rewards and learn more about your important health numbers (total cholesterol, Body Mass Index, blood pressure and blood sugar).                                            |
| Virtual Visits                     | \$25 + Rally Coins*          | Virtual Visits may be a convenient option when you need care.<br>You can talk to a doctor 24/7 by phone or video for conditions<br>like flu, allergies, rashes, migraines and many more.                                              |
| Health Coaching                    | \$100 + Rally<br>Coins*      | The results of your health survey will provide recommendations for coaching programs that may help improve your health and wellness. These programs are available to you at no additional cost as part of your health plans benefits. |
| Fitness Action                     | \$20/month<br>+ Rally Coins* | Complete a Gym check-In at least 12 times per month to earn a monthly reward. Select from a network of leading fitness centers, where you will find boxing, climbing, cycling, yoga, Pilates, traditional gyms and more.              |

<sup>\*</sup>Rally Coins: You'll earn Rally coins when you complete your missions, complete a challenge—or even just for logging in once a day. You can use the coins to enter to earn rewards for all that good work! It's a great way to experience the rewards of healthy living every day

Register now at: www.myuhc.com



# **Dental Benefits**

Keep your smile ready for any occasion.

### There are two dental plan options to choose from:

#### **UnitedHealthcare Dental PPO**

With the Dental PPO plan, you pay more out of each paycheck, but you will have the flexibility to see in-network or out-of-network providers. When you see in-network providers, you will pay less out of your own pocket. If you can, it's best to find providers in the network. This plan has an annual deductible and calendar year maximum. UnitedHealthcare does not issue ID cards to those enrolled in their dental PPO plan.

To locate an in-network provider under the Dental PPO plan, visit www.uhc.com/find-a-doctor Network Name: National Options PPO 30

Let your provider know you have insurance coverage with UnitedHealthcare and the group ID 1651535. Your provider can verify your coverage using your SSN.

#### **UnitedHealthcare Dental HMO**

With the Dental HMO plan, you may see any network general dentist you want. This plan doesn't require you to pick a primary care dentist, but it is helpful to have one. You will have a wide range of local network dentists to choose from. If you see a dentist that is not in the network, you will not have coverage. This plan does not have an annual deductible. Instead there are fixed copays for non-preventive services. There are no annual maximum benefits. UnitedHealthcare will issue an ID card(s) to those enrolled in their dental HMO plan.

To locate an in-network provider under the Dental HMO plan, visit www.uhc.com/find-a-doctor Network Name: National Select Managed Care

# **Dental Plan Options**

|                                                              | Dental PPO                                                                                     | Dental HMO                                                                           |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|
| Network Name                                                 | National Options PPO 30                                                                        | National Select Managed Care                                                         |  |
| Deductible Individual/Family                                 | \$50/\$150 (in-network)<br>\$100/\$300 (out-of-network)                                        | N/A                                                                                  |  |
| Calendar Year Maximum                                        | \$1,500 (in-network)<br>\$1,500 (out-of-network)                                               | N/A                                                                                  |  |
| Preventive Services                                          | 0%* (in-network)<br>0%* (out-of-network)                                                       | All other services are based on a<br>Schedule of Benefits. Copays vary<br>by service |  |
| Basic Services                                               | 0%* (in-network)<br>20%* (out-of-network)                                                      |                                                                                      |  |
| Major Services                                               | 40%* (in-network)<br>50%* (out-of-network)                                                     |                                                                                      |  |
| Orthodontics<br>(Offered to Adults/Children up to<br>age 26) | 50% (in-network) 50% (out-of-network) Annual deductible does not apply to Orthodontic Services |                                                                                      |  |
| Lifetime Orthodontia Maximum                                 | Life Orthodontia Max \$1,000                                                                   | N/A                                                                                  |  |

<sup>\*</sup>Coinsurance is after your annual deductible is met.





# **Vision Benefits**

...to help you see everything as it is.

VSP provides the vision plan. You and your family are covered for eye exams, lenses once every 12 months and frames once every 24 months.

If you use an in-network provider, your plan covers your eye exam and glasses (frames and lenses), or contact lenses. You may also be eligible for discounts on additional products or services you buy during the same visit or even later in the same year.

If you use an out-of-network provider, your plan may or may not cover the full cost of exam, and your glasses or contact lens allowance will vary by selection.

You will find a list of in-network providers at https://www.vsp.com. Provider Network: VSP Choice.

### **VSP Plan Coverage**

| VSP Choice                    | Benefit                                                                                                                                       | Frequency       |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Eye Exam                      | \$10 copay (in-network) Reimbursement up to \$45 (out-of-network)                                                                             | Every 12 months |
| Prescription glasses          | \$180 allowance (in-network) Reimbursement up to \$70 (out-of-network)                                                                        | Every 24 months |
| Lenses                        | Single vision, lined bifocal and trifocal lenses                                                                                              | Every 12 months |
| Contacts (in lieu of glasses) | \$130 allowance for contacts (in-network) Reimbursement of up to \$105 (out-of-network) Contact lens exam (fitting and evaluation) up to \$60 | Every 12 months |



# **Student Loan Counseling & Assistance Program**

### **PeopleJoy**

Associates with student loans are now eligible for counseling to assist with how to best manage their student loans. Public Student Loan Forgiveness (PSLF) waivers and loan payment suspensions that have recently become available can be challenging to navigate. ESSC has partnered with PeopleJoy to support the process. Here are more details about PeopleJoy's services:

- PeopleJoy prevents PSLF applicants from getting rejected by guiding them through every step of the process.
- They provide a free student loan analysis as well as personalized, ongoing student loan resources and support as a service.
- The coaching and advisory services of PeopleJoy are paid 100% by ESSC!

All associates are eligible to participate; however, there are other qualifications to submit a loan forgiveness application such as being full time.

Visit easterseals.peoplejoy.com to get started today using your work email address to complete the PeopleJoy loan assessment!



# ESSC 401(k) Plan

Everyone strives for a comfortable retirement. ESSC's 401(k) plan is the ideal way to achieve retirement dreams by investing money now so you can enjoy the benefits later. The plan offers several great features, including:

- The opportunity to save a significant portion of your income—up to 90 % of your eligible pay pretax or Roth dollars (combined) up to the annual IRS limits. You can elect to start, stop and change your contributions at any time. You can also elect to automatically increase your contributions each year.
- New hires are auto enrolled into the plan at 3%, unless you opt out.
- Free money—ESSC will match 100% of the first 1% and 50% of the next 5%.
- The 2023 IRS limit is \$22,500 and if you are 50 or older, you may make catch-up contributions of up to \$7,500.
- There is also a range of investments to choose from, including a series of target retirement funds.

For more info or to manage your account, go to www.lincolnfinancial.com/retirement or call Lincoln at 800-234-3500.

### Try these strategies for smarter saving!

The best time to start saving for retirement is today—and it may be easier than you think. Saving just a little extra can really add up over time. Consider these tips to help boost your savings.

### Give yourself an allowance

Set a monthly limit on extras instead of pulling out that credit card. Then, instead of paying high interest debt, you can pay yourself and your future by contributing more to your retirement plan.

#### Meet the match

ESSC offers a matching contribution, so if you want to receive the max match from ESSC, make sure your contributions is 6% or more.

#### Save newly found funds

Put away new money such as a raise, bonus, or tax refund. It will go right into your retirement account before you miss it.

# **Employee Assistance Program**

Your Employee Assistance Program (EAP):

- Offers a set of services to you and members of your household by your employer at no cost with no enrollment needed
- Provides easy access to an emotional support professional by phone any time
- Connects you to confidential no-cost, short-term counseling sessions with licensed professionals, financial and legal support and help with community resources

To get started, call 866-248-4094 to speak to a specialist who will listen to your needs and connect you to the appropriate resources and/or arrange counseling. Or, you can register online and have 24/7/365 access to resources online at https://www.liveandworkwell.com (access code: essc). Access your five no-cost counseling visits by answering a few questions to get your authorization code. Use it like a coupon code when you make an appointment with an EAP provider.

### Connect

Connect with an experienced EAP consultant who will listen to your situation and help you take action to:

- Manage stress
- Find support for anxiety, depression, or substance use
- Improve relationships at home or work
- Get advice on finances
- Access legal services
- Find other resources or support



### **Emotional Support**

Learn about programs and services that can help support you and your family.



#### **Work and Life Support**

You have a trusted place to turn when issues at work or home are impacting you and others.



#### **Financial and Legal Services**

You have access to one-on-one sessions for financial and legal support.



# **PerkSpot Discount Program**

Save on flights, hotels, tickets, travel and more!

## **Save Every Day of the Week**

You can save on everything from contact lenses to pet food. Get exclusive perks with your membership at the nation's leading warehouse stores. Are you ready to take advantage of Easterseals Southern California Discount Program to save on everyday expenses?

- Look your best for less
- Find cheap gift cards to your favorite grocery store
- Your pet deserves the best—the broad range of pet-related discounts ensures you can give them just that



#### Register

- Once you have enrolled, go to essc.perkspot.com
- If you need further assistance, you can email PerkSpot at cs@perkspot.com



# **Paid Time Off**

ESSC is committed to promoting associate work-life balance within the organization. Paid time off (PTO) is an important component of associate well-being because it provides flexible time away from work.

### **Eligibility**

Full time and part time associates who are regularly scheduled to work on average at least 20 hours per week are eligible to accrue PTO benefits starting on the first day of employment.

#### Where can I learn more?

Consult the associate policy manual. https://online.flippingbook.com/view/708022/i/

### Where can I go to see my PTO Plan?

You can login to UKG, then Menu > Myself > PTO Plans

#### **PTO Accrual Rates**

PTO accruals for eligible associates are based on full-time/part-time status, job level, and tenure and are accrued each pay period. See table on next page.

### **Paid Time Off Accruals**

|             | Full Time*                                           |                        |                        | Part Time*           |                        |
|-------------|------------------------------------------------------|------------------------|------------------------|----------------------|------------------------|
|             | 30 < 40 hours 40 hours per week 20 < 30 hours per we |                        | er week                |                      |                        |
| Year        | PTO Days per<br>year                                 | Per Pay Period accrual | Per Pay Period accrual | PTO Days per<br>year | Per Pay Period accrual |
| 0 (at hire) | 15                                                   | 4.327                  | 4.615                  | 5                    | 1.154                  |
| 1           | 16                                                   | 4.615                  | 4.923                  | 6                    | 1.385                  |
| 2           | 17                                                   | 4.904                  | 5.231                  | 7                    | 1.615                  |
| 3           | 18                                                   | 5.192                  | 5.538                  | 8                    | 1.846                  |
| 4           | 19                                                   | 5.481                  | 5.846                  | 9                    | 2.077                  |
| 5           | 20                                                   | 5.769                  | 6.154                  | 10                   | 2.308                  |
| 7           | 21                                                   | 6.058                  | 6.462                  | 11                   | 2.538                  |
| 10          | 22                                                   | 6.346                  | 6.769                  | 12                   | 2.769                  |
| 15          | 23                                                   | 6.635                  | 7.077                  | 13                   | 3.000                  |
| 20          | 24                                                   | 6.923                  | 7.385                  | 14                   | 3.231                  |
| 25          | 25                                                   | 7.212                  | 7.692                  | 15                   | 3.462                  |

### PTO Q&As

| Who is eligible?                | Associates scheduled to work 20+ hours per week                    |
|---------------------------------|--------------------------------------------------------------------|
| Can PTO be accrued?             | Yes, per pay period                                                |
| Is PTO available for Part Time? | Yes, part time associates scheduled to work 20 < 30 hours per week |
| Is there a Cap?                 | 225 hours—accrual stops when cap is met                            |
| PTO for Directors and above?    | Eligible to participate in Flexible PTO Plan                       |

<sup>\*</sup>See Policy section 'How Eligibility is Determined' controls full time/part time eligibility.

# **Holiday Schedule**

| New Year's Day (observed)       | Monday, January 2, 2023     |  |  |
|---------------------------------|-----------------------------|--|--|
| Martin Luther King, Jr. Day     | Monday, January 16, 2023    |  |  |
| Presidents' Day                 | Monday, February 20, 2023   |  |  |
| Memorial Day                    | Monday, May 29, 2023        |  |  |
| Juneteenth (observed)           | Monday, June 19, 2023       |  |  |
| Independence Day                | Tuesday, July 4, 2023       |  |  |
| Labor Day                       | Monday, September 4, 2023   |  |  |
| Thanksgiving                    | Thursday, November 23, 2023 |  |  |
| Day after Thanksgiving          | Friday, November 24, 2023   |  |  |
| <b>Christmas Eve (observed)</b> | Friday, December 22, 2023   |  |  |
| <b>Christmas Day</b>            | Monday, December 25, 2023   |  |  |

### **PLEASE NOTE:**

For associates in service lines that do not have traditional hours (e.g., services that continue to support individuals regardless of holiday closures), please discuss scheduling arrangements with your supervisor.

# **Associate Premium Contribution Rates 2023/2024**

### **Medical Plans**

|                          | Coverage Level                           | Associate Bi-Weekly Cost (What you pay per paycheck) | ESSC<br>Bi-Weekly<br>Cost (What ESSC<br>pays per paycheck) | Associate<br>Cost<br>Sharing<br>Percentage | ESSC Cost<br>Sharing<br>Percentage |
|--------------------------|------------------------------------------|------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|------------------------------------|
| UnitedHealthcare<br>HDHP | Associate Only                           | \$20.88                                              | \$264.07                                                   | 7%                                         | 93%                                |
| (Eligible for ESSC HSA   | Associate + Spouse/<br>Domestic Partner* | \$64.75                                              | \$505.15                                                   | 11%                                        | 89%                                |
| contributions)           | Associate + Child(ren)                   | \$55.62                                              | \$454.43                                                   | 11%                                        | 89%                                |
|                          | Associate + Family                       | \$108.61                                             | \$764.24                                                   | 13%                                        | 87%                                |
| UnitedHealthcare         | Associate Only                           | \$149.48                                             | \$269.06                                                   | 36%                                        | 64%                                |
| PPO                      | Associate + Spouse/<br>Domestic Partner* | \$384.37                                             | \$452.71                                                   | 46%                                        | 54%                                |
|                          | Associate + Child(ren)                   | \$344.02                                             | \$405.18                                                   | 46%                                        | 54%                                |
|                          | Associate + Family                       | \$576.57                                             | \$679.06                                                   | 46%                                        | 54%                                |
| UnitedHealthcare         | Associate Only                           | \$39.73                                              | \$228.36                                                   | 15%                                        | 85%                                |
| НМО                      | Associate + Spouse/<br>Domestic Partner* | \$115.28                                             | \$420.90                                                   | 21%                                        | 79%                                |
|                          | Associate + Child(ren)                   | \$99.03                                              | \$380.85                                                   | 21%                                        | 79%                                |
|                          | Associate + Family                       | \$193.36                                             | \$610.91                                                   | 24%                                        | 76%                                |
| Kaiser HMO               | Associate Only                           | \$46.75                                              | \$268.86                                                   | 15%                                        | 85%                                |
|                          | Associate + Spouse/<br>Domestic Partner* | \$135.63                                             | \$495.22                                                   | 21%                                        | 79%                                |
|                          | Associate + Child(ren)                   | \$116.52                                             | \$448.10                                                   | 21%                                        | 79%                                |
|                          | Associate + Family                       | \$227.50                                             | \$718.78                                                   | 24%                                        | 76%                                |

<sup>\*</sup>Cost of coverage for a Domestic Partner and/or Domestic Partner's child(ren) are subject to federal or state taxes

### **Dental & Vision Plans**

|                                  | Coverage Level                           | Associate<br>Bi-Weekly<br>Cost (What you<br>pay per paycheck) | ESSC<br>Bi-Weekly<br>Cost (What ESSC<br>pays per paycheck) | Associate<br>Cost<br>Sharing<br>Percentage | ESSC Cost<br>Sharing<br>Percentage |
|----------------------------------|------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|------------------------------------|
| UnitedHealthcare<br>Dental PPO   | Associate Only                           | \$13.68                                                       | \$9.12                                                     | 60%                                        | 40%                                |
|                                  | Associate + Spouse/<br>Domestic Partner* | \$43.66                                                       | \$7.70                                                     | 85%                                        | 15%                                |
|                                  | Associate + Child(ren)                   | \$39.69                                                       | \$7.01                                                     | 85%                                        | 15%                                |
|                                  | Associate + Family                       | \$64.82                                                       | \$11.44                                                    | 85%                                        | 15%                                |
| UnitedHealthcare<br>Dental HMO   | Associate Only                           | \$1.39                                                        | \$4.99                                                     | 22%                                        | 78%                                |
|                                  | Associate + Spouse/<br>Domestic Partner* | \$2.80                                                        | \$8.39                                                     | 25%                                        | 75%                                |
|                                  | Associate + Child(ren)                   | \$2.66                                                        | \$7.99                                                     | 25%                                        | 75%                                |
|                                  | Associate + Family                       | \$3.86                                                        | \$11.57                                                    | 25%                                        | 75%                                |
| Vision Service<br>Provider (VSP) | Associate Only                           | \$2.22                                                        | \$0.70                                                     | 76%                                        | 24%                                |
|                                  | Associate + Spouse/<br>Domestic Partner* | \$4.44                                                        | \$1.39                                                     | 76%                                        | 24%                                |
|                                  | Associate + Child(ren)                   | \$4.76                                                        | \$1.49                                                     | 76%                                        | 24%                                |
|                                  | Associate + Family                       | \$7.61                                                        | \$2.38                                                     | 76%                                        | 24%                                |

<sup>\*</sup>Cost of coverage for a Domestic Partner and/or Domestic Partner's child(ren) are subject to federal or state taxes

# **Questions or Need Help?**

### **Contacts**

| Benefit                        | Provider                            | Phone                                                        | Email Website                             |  |  |
|--------------------------------|-------------------------------------|--------------------------------------------------------------|-------------------------------------------|--|--|
| ESSC Benefits Department       |                                     | 657-207-5364<br>Lydia Nhem<br>657-207-5775<br>Lorraine Mills | benefits@essc.org                         |  |  |
| ESSC Leave of Absence          | ESSC Leave of Absence               |                                                              | loa@essc.org                              |  |  |
| UKG Access                     |                                     | 657-301-3388                                                 | helpdesk@essc.org                         |  |  |
| Employee<br>Assistance Program | Optum                               | 866-248-4094                                                 | liveandworkwell.com<br>(access code:essc) |  |  |
| Medical                        | Kaiser HMO<br>Group ID: 227882      | 800-464-4000                                                 | www.kp.org                                |  |  |
|                                | UHC HMO<br>Group ID: 914568         | 800-624-8822                                                 | www.myuhc.com                             |  |  |
|                                | UHC PPO<br>Group ID: 914568         | 866-633-2446                                                 |                                           |  |  |
|                                | UHC HDHP<br>Group ID: 914568        | 866-314-0335                                                 |                                           |  |  |
| Dental                         | UHC Dental PPO<br>Group ID: 1651535 | 877-816-3596                                                 | www.myuhc.com                             |  |  |
|                                | UHC Dental HMO<br>Group ID: 1651535 | 877-816-3596                                                 |                                           |  |  |
| Vision                         | VSP<br>Group ID: 30058024           | 800-877-7195                                                 | www.vsp.com                               |  |  |
| Health Savings<br>Account      | Optum Bank                          | 844-326-7967                                                 | www.optumbank.com                         |  |  |
| Flexible Savings<br>Account    | Optum Bank                          | 800-243-5543                                                 | www.optumbank.com                         |  |  |
| Life/AD&D                      | Prudential                          | Questions on Co<br>Contact Benefit                           | Company paid Term Life and AD&D—<br>its   |  |  |
| Long Term<br>Disability        | Prudential                          | 800-842-1718                                                 | www.prudential.com/mybenefits             |  |  |

| Benefit                   | Provider                | Phone                                                | Email                                    | Website              |  |
|---------------------------|-------------------------|------------------------------------------------------|------------------------------------------|----------------------|--|
| Voluntary Insurance       | UNUM Accident           | 800-635-5597                                         | services.unum.com                        |                      |  |
|                           | UNUM Critical Illness   | (M-F)<br>5 a.m. to 5<br>p.m.                         |                                          |                      |  |
|                           | UNUM Hospital           |                                                      |                                          |                      |  |
|                           | UNUM Term Life          | Questions on Supplemental Term Life—Contact Benefits |                                          |                      |  |
|                           | LegalEASE               | 888-416-4313                                         | legalcorner.legaleaseplan.com/user/logir |                      |  |
|                           | Pet Benefits            | 800-891-2565                                         | www.petbenefits.com/land/essc            |                      |  |
| COBRA                     | Optum                   | 866-301-6681                                         | adminservices.optun                      | nhealthfinancial.com |  |
| 401(k)                    | Lincoln Financial Group | 800-234-3500                                         | www.lincolnfinancial                     | .com/retirement      |  |
| Student Loan<br>Advisory  | PeopleJoy               | 800-653-1812                                         | support@peoplejoy.c                      | om                   |  |
| Group Discount<br>Program | Perkspot                | essc.perkspot.com<br>(Passphrase: Easterseals)       |                                          |                      |  |
| Healthcare<br>Concierge   | TouchCare               | 866-486-8242                                         | www.touchcare.com                        |                      |  |

IMPORTANT: This guide is intended to provide a brief summary of your benefits. If there is a discrepancy between this guide and the official plan documents, the plan documents will govern. You can access the plan documents by visiting the benefits tab on Inside ESSC or by emailing **benefits@essc.org**.



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