



2024/25 BENEFITS GUIDE

July 1, 2024 — June 30, 2025

ALBERTINA
KERR

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

Regularly scheduled employees working at least 30 hours per week will be offered benefits. Those eligible for benefits may enroll eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your Domestic Partner
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody up to age 26
- Disabled children age 26 or older who meet certain criteria may continue on your health coverage

When Coverage Begins

- **New Hires:** Benefits begin after completing 90 days of service for all benefits except Long Term Disability. LTD coverage begins 1st of the month on or after 12 months of service.
- **If you fail to enroll or take action to decline coverage on time,** you will automatically be enrolled in the basic employee-only plans for medical, dental, vision, and life insurance.
- **Open Enrollment:** Changes made during Open Enrollment are effective July 1st and are passively enrolled year over year (except for the Flexible Spending Accounts. FSAs must be re-elected each year).

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/DP or child
- You lose coverage under your spouse/DP'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/adoption).

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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Benefits Video



Medical/Rx

MEDICAL/RX COVERAGE - Monthly Cost of Benefits

Coverage Tier	Kaiser Base (HMO 3000)		Kaiser Base Plus (HMO 1500)	
	Total Cost	Employee Cost	Total Cost	Employee Cost
Employee Only	\$663.29	\$0.00	\$732.71	\$69.42
Employee & Spouse	\$1,353.11	\$620.84	\$1,494.72	\$706.72
Employee & Child(ren)	\$1,220.45	\$501.44	\$1,348.19	\$582.17
Employee & Family	\$2,016.40	\$1,217.80	\$2,227.44	\$1,329.53

Albertina Kerr offers you the **choice between 3 medical plan options**. The first 2 options are listed below and are both HMO plans which require you to seek services from Kaiser only providers. There is no out of network coverage on these plans. Following is a high-level overview. Please refer to the Summary of Benefits & Coverage (SBC) for additional details. The next page provides information on the 3rd medical plan offering (Kaiser Buy-Up PPO).

Key Medical Benefits	Kaiser Base (HMO 3000)		Kaiser Base Plus (HMO 1500)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (per calendar year)				
Individual / Family	\$3,000 / \$9,000	Not Covered	\$1,500 / \$4,500	Not Covered
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$7,350 / \$14,700	Not Covered	\$5,500 / \$11,000	Not Covered
Covered Services				
Office Visits – Primary Care	1 st 3 visits \$5; then \$30	Not Covered	1 st 3 visits \$5; then \$25	Not Covered
Office Visits – Specialty Care	\$40	Not Covered	\$35	Not Covered
Routine Preventive Care	\$0	Not Covered	\$0	Not Covered
Alternative Care (Chiro/Acup/Massage)	\$25 (20/12/12 visits)	Not Covered	\$25 (20/12/12 visits)	Not Covered
Urgent Care Facility	\$50	Not Covered	\$45	Not Covered
Diagnostic Lab / Xray	\$30	Not Covered	\$25	Not Covered
Complex Imaging	\$100	Not Covered	\$100	Not Covered
Emergency Room	20%*	Not Covered	20%*	Not Covered
Inpatient Hospital Stay	20%*	Not Covered	20%*	Not Covered
Prescription Drugs (Generic / Preferred Brand / Non-Preferred Brand / Specialty)				
Retail Pharmacy (31-day supply)	\$15 / \$30 / \$50 / \$150	Not Covered	\$15 / \$30 / \$50 / \$150	Not Covered
Mail Order (90-day supply)	2x copay	Not Covered	2x copay	Not Covered

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

Services marked with a (*) indicates you MUST meet your deductible first.

Medical/Rx

MEDICAL/RX COVERAGE - Monthly Cost of Benefits

Coverage Tier	Kaiser Buy-Up (PPO)	
	Total Cost	Employee Cost
Employee Only	\$873.56	\$210.27
Employee & Spouse	\$1,782.07	\$950.96
Employee & Child(ren)	\$1,607.35	\$802.45
Employee & Family	\$2,655.63	\$1,693.49

The Kaiser PPO Plan below allows you to seek services from providers that are both in or out of the Kaiser network. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the Kaiser or First Health Network. For complete details, please refer to your Summary of Benefits & Coverage (SBC) located in Paycom.

Key Medical Benefits	Kaiser Buy-Up (PPO)	
	In-Network Kaiser / First Health	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$1,500 / \$4,500	\$3,500 / \$10,500
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$6,000 / \$12,000	\$10,500 / \$21,000
Covered Services		
Office Visits – Primary Care	1 st 3 visits \$5; then \$25 / \$45	40%*
Office Visits – Specialty Care	\$35 / \$55	40%*
Routine Preventive Care	Covered in full	40%*
Alternative Care (Chiro/Acup/Massage)	\$25 (20/12/12 visits)	40%
Urgent Care Facility	\$45 / \$90	40%*
Diagnostic Lab / Xray	\$25	40%*
Complex Imaging	\$100	40%*
Emergency Room	20%*	20%*
Inpatient Hospital Stay	20%*	40%*
Prescription Drugs (Generic / Preferred Brand / Non-Preferred Brand / Specialty)		
Retail Pharmacy (31-day supply)	\$15 / \$30 / \$50 / \$150	\$25 / \$50 / \$80 / 30%
Mail Order (90-day supply)	2x copay	N/A

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

Services marked with a (*) indicates you MUST meet your deductible first.

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

Dental

DENTAL COVERAGE Monthly Cost of Benefits

Coverage Tier	BASE - Kaiser HMO		BUY UP - Delta Dental PPO	
	Total Cost	Employee Cost	Total Cost	Employee Cost
Employee Only	\$32.56	\$0.00	\$55.32	\$22.76
Employee & Spouse	\$62.53	\$29.97	\$109.54	\$76.98
Employee & Child(ren)	\$66.78	\$34.22	\$113.95	\$81.39
Employee & Family	\$96.76	\$64.20	\$173.71	\$141.15

We are proud to offer you a choice of two dental plans. **Kaiser HMO** allows you choose a primary dental provider through Kaiser to manage your care. There is a \$10 office visit copay each time you visit the dentist. The **Delta Dental PPO** options plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in network. The following is a high-level overview of the coverage available.

Key Benefits	BASE - Kaiser HMO		BUY UP - Delta Dental PPO	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year; Waived for Preventive Services)				
Individual / Family	\$75 / \$225	Not Covered	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; Includes Preventive, Basic & Major Services combined)				
Per Individual	\$2,000	Not Covered	\$1,500	\$1,500
Covered Services				
Preventive Services	No Charge after \$10 office visits copay	Not Covered	No Charge	20% + any amount over plan allowance
Basic Services	\$10 office visit copay + 20% after deductible	Not Covered	20% after deductible	40% + any amount over plan allowance, after deductible
Major Services	\$10 office visit copay + 50% after deductible	Not Covered	50% after deductible	50% + any amount over plan allowance, after deductible
Orthodontia (child & adult)	Not Covered	Not Covered	50% up to \$1,500 lifetime maximum	50% up to \$1,500 lifetime maximum

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

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

Vision

VISION COVERAGE Monthly Cost of Benefits

Coverage Tier	EyeMed	
	Total Cost	Employee Cost
Employee Only	\$3.52	\$0.00
Employee & Spouse	\$5.37	\$1.85
Employee & Child(ren)	\$5.57	\$2.05
Employee & Family	\$7.50	\$3.98

Albertina Kerr offers vision insurance through **EyeMed**. Following is a high-level overview of the coverage benefits. For more details, please refer to the benefit summary.

Key Vision Benefits	EyeMed Vision PPO	
	In-Network	Out-of-network Reimbursement
Exam (once every 12 months)	\$25 copay	Up to \$50
Lenses (once every 12 months)		
Single Vision	Covered in full after \$25 copay	Up to \$50
Bifocal	Covered in full after \$25 copay	Up to \$75
Trifocal	Covered in full after \$25 copay	Up to \$100
Frames (once every 24 months)	Up to \$130 allowance + 20% off balance	Up to \$65
Contact Lenses - <i>elective</i> (once every 12 months; instead of prescription glasses)	Up to \$130 allowance	Up to \$105

Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through **WEX**. 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 2024 (January 1 – December 31), you may contribute up to \$3,200 per plan year to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Coinsurance• Copayments• Deductibles | <ul style="list-style-type: none">• Prescriptions• Dental treatment• Orthodontia | <ul style="list-style-type: none">• 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 2024 (January 1 – December 31), 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 qualified 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 themselves 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 provide a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds up to \$640 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 \$640 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.

Albertina Kerr's plan runs 1/1/24 - 12/31/2024. Services must be incurred within that time frame in order to be eligible for reimbursement.

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. Albertina Kerr provides a two confidential programs dedicated to supporting the emotional health and well-being of employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through **Canopy** and **New York Life/ComPsych**. Below is a high-level overview of both programs.

Canopy:

- Up to three (3) phone/video coaching sessions for goal setting, healthy habits and personal development
- Free 30-minute legal/mediation consultation and 25% discount on services
- Unlimited financial coaching
- 60-minute identity theft consultation
- Wellbeing tools such as wellness resources, fertility health support and gym discounts
- 24/7 online resources at my.canopywell.com
- And much more!



New York Life / ComPsych:

- 24/7 crisis care at 800-344-9752
- Up to three (3) face-to-face sessions with a counselor for issues including stress, anxiety, depression, grief and loss, child/elder care concerns, etc.
- Up to (5) telephonic coaching sessions to address health and well-being issues such as burnout, goal setting, time management and coping with stress
- Family care services that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, pet care and personal convenience services
- 24/7 online resources at guidanceresources.com
- And much more!



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) through **New York Life**

Benefit Option	
Benefit Amount	Flat \$25,000

Voluntary Life/AD&D (Employee-paid) through **New York Life**

If you determine you need more than the basic coverage, you may purchase additional coverage through for yourself and your eligible family members. See benefit summary for information on rates.

Benefit Option		Guaranteed Issue ¹
Employee	\$10,000 increments up to the lesser of 5x salary or \$500,000	\$200,000
Spouse	\$5,000 increments up to \$250,000	\$20,000
Child(ren)	\$2,000 increments up to \$10,000; under 6 months old \$500	\$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.

Disability

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 (Employee Paid)	
Provided at affordable rates through New York Life	
Benefit Percentage	60% of weekly salary
Weekly Benefit Maximum	Up to \$1,500
When Benefits Begin	After 30 days following accident / illness
Maximum Benefit Duration	Up to 13 weeks
Pre-Existing Limitations	3 months prior / 12 months covered
Long-Term Disability (Company-Paid)	
Provided at NO COST to you through New York Life	
Benefit Percentage	60% of monthly salary
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 90 days following accident / illness
Maximum Benefit Duration	Up to age 65 with RBD
Pre-Existing Limitations	3 months prior / 12 months covered

Supplemental Benefits

Employees have the opportunity to enroll in some additional supplemental benefits through **Cigna**. Premiums are paid via payroll deductions by the employee and are based on your age, how you enroll and/or your elected coverage amount. You may also choose to enroll your spouse and/or children to these policies. Please refer to Cigna's benefit summary or Paycom for additional details on plan information and rates.

Critical Illness	Accidental Injury	Hospital Indemnity
Critical illness insurance allows you to 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, prescriptions, travel, increased living expenses, and more.	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. Two plan options to choose from.	Hospital Indemnity insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. It also provides additional daily benefits for related services. Two plan options to choose from.

401(k) Retirement Plans

A retirement savings plan is an important tool to help you reach your retirement goals through tax deferred savings. Albertina Kerr offers both a traditional 401(k) and a Roth 401(k) through the Vanguard platform, managed by Ascensus Trust. Investment options include professionally managed funds.

Call: 866-794-2145

Visit: <https://my.vanguardplan.com>

ELIGIBILITY

As a participant you must meet the following criteria:

- 18 years of age
- Completed 3 months of service (90 days)

No minimum number of hours worked. You may enroll at any time after your eligibility date.

CONTRIBUTIONS

Employee Contributions - Employees can contribute 1% to 100% of eligible compensation or select a flat dollar amount. You may change your contribution daily and at any time.

Employer Contributions - Albertina Kerr Centers matches 100% of the first three percent that you contribute and 50% of the next two percent (essentially 4% when you opt for 5%).

Rollover Contributions - You can rollover assets from another qualified retirement plan or plans.

VESTING

You are always 100% vested in the money you and your employer contribute to the plan.

WITHDRAWALS & DISTRIBUTIONS

You may take a withdrawal of your account due to the following reasons:

- Death
- Retirement
- Termination
- Hardship (fee may be applied to each withdrawal of this type)
- In-service if over 59 ½
- Disability

LOANS

Participant loans are allowed with a \$125 administrative fee:

- The minimum amount is \$1,000
- The maximum amount is \$50,000, or up to 50% of your vested account balance
- You can have two outstanding loan(s) at a time, short-term (any reason, 1-5 year repayment period) or long-term (purchase of home only, 1-10 year repayment period)

TAX SAVERS CREDIT

A tax credit is available for those who meet certain income limits. Please see the following website for more information: <https://www.irs.gov/retirement-plans/plan-participant-employee/retirement-savings-contributions-savers-credit>.

Memberships & Discounts

Albertina Kerr participates in several programs that provide additional services, memberships, and discounts to employees.

CHP ACTIVE AND HEALTHY (Kaiser Members Only)

Designed to help you lead your best life, Active and Healthy helps you and your family save money on your favorite healthy, fun and stress-relieving activities. The program offers thousands of discounts towards active living and wellbeing. Visit chpactiveandhealthy.com to sign up.

KAISER CHOOSE HEALTHY (Kaiser Members Only)

Get reduced rates on a variety of health-related products and services, including 25% off a contracted acupuncturist, massage therapist, or chiropractor's regular rates. To find a provider call 1-877-335-2746 or visit www.kp.org/choosehealthy

NECTAR HR

Kerr's recognition platform, Nectar HR, offers access to thousands of perks/discounts to save on things like Disney, Six Flags, hotels & more. Use the Nectar HR app on your mobile device or visit the portal at <https://app.nectarhr.com/> and use your Kerr network logins to sign in.

PERKS AT WORK

For special pricing on all kinds of products and services, including tickets for events, electronics, auto, travel, restaurants, and more. Visit www.perksatwork.com and click on the "Register for Free" button. Enter your work email, "Workplace Options US" as the company name, and "EAP" as the company code.

VERIZON CORPORATION DISCOUNTS

Visit <https://www.verizon.com/discounts/> to link your current Verizon Wireless account or sign up for Verizon Wireless with our discount.

Contact Information

Coverage	Carrier	Phone #	Website
Medical / Rx / Dental HMO	Kaiser	(503) 813-2000	www.kp.org
Dental PPO	Delta Dental (Moda)	(503) 265-2965	www.modahealth.com
Vision	EyeMed	(866) 723-0596	www.eyemedvision.com
Flexible Spending Accounts (FSA)	WEX	(866) 451-3399	www.wexinc.com
Employee Assistance Program (EAP)	Canopy	(800) 433-2320 TEXT: (503) 850-7721	www.canopywell.com
Employee Assistance Program (EAP)	New York Life / ComPsych	(800) 344-9752	www.guidanceresources.com WEB ID: NYLGBS
Life/AD&D / Disability	New York Life	(800) 362-4462	www.newyorklife.com
Accidental Injury / Critical Illness / Hospital Indemnity	Cigna	(800) 754-3207	www.cigna.com
401(k) Retirement Plan	Vanguard	(866) 794-2145	https://my.vanguardplan.com/

HUB International - Malia Caddell
malia.caddell@hubinternational.com
(971) 865-0837

Albertina Kerr - HR Service Center
hr@albertinakerr.org
(503) 262-0145

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.



Benefit Terminology

DEDUCTIBLE: The amount you pay each year before the plan begins to pay coinsurance.

OUT-OF-POCKET MAXIMUM: The maximum amount you will pay out of pocket for covered medical expenses per calendar year, including your deductible. After your share of covered expenses reaches this annual limit, the plan pays 100 percent for eligible network services and supplies for the remainder of the calendar year.

IN- AND OUT-OF-NETWORK PROVIDERS: Benefit plans develop networks by contracting with doctors, hospitals, labs, etc., who have agreed to provide health care services to members at negotiated rates. You generally pay less out of pocket when you use in-network providers.

COPAYMENT (COPAY): A copay is a flat-dollar amount you pay for specific covered services upon each visit to the provider. It is not impacted by the plan deductible, coinsurance or out-of-pocket maximum.

COINSURANCE: The percentage the plan or you pay for a covered service or supply. For example, the plan may pay 80 percent while you pay 20 percent.

EXPLANATION OF BENEFITS (EOB): After you receive medical services, your insurance will provide you with an EOB. It will outline details regarding how your insurance processed your medical claim, including what portion of the charges your insurance paid and what portion, if any, you are responsible for paying.

FORMULARY: A medical plan's formulary is a preferred brand-name drug list of the most cost-effective outcome-based drugs. You pay less when using a drug on the plan's formulary list.

FLEXIBLE SPENDING ACCOUNT (FSA & DCRA): An FSA is a tax-advantaged account that lets you put money aside on a pre-tax basis to pay for a wide range of health (healthcare FSA) and/or dependent care (DCRA) expenses (as defined by the IRS) not covered by your plan that you incur during the plan year. Unlike the HSA, any unused funds remaining after the plan year ends will be forfeited.

EVIDENCE OF INSURABILITY (EOI): The documentation of the good health condition of the insurance beneficiary and his/her dependent's health in order to be approved for coverage. It is only required in certain circumstances.

PREFERRED PROVIDER ORGANIZATION (PPO): A type of health plan that contracts with doctors, hospitals, labs and other health care providers to create a network of participating providers. You generally pay less when you use providers that belong to the PPO network. You may use providers that fall outside of the plan's network at an additional cost.

REASONABLE AND CUSTOMARY (R&C) CHARGES: The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount sometimes is used to determine the allowed amount.