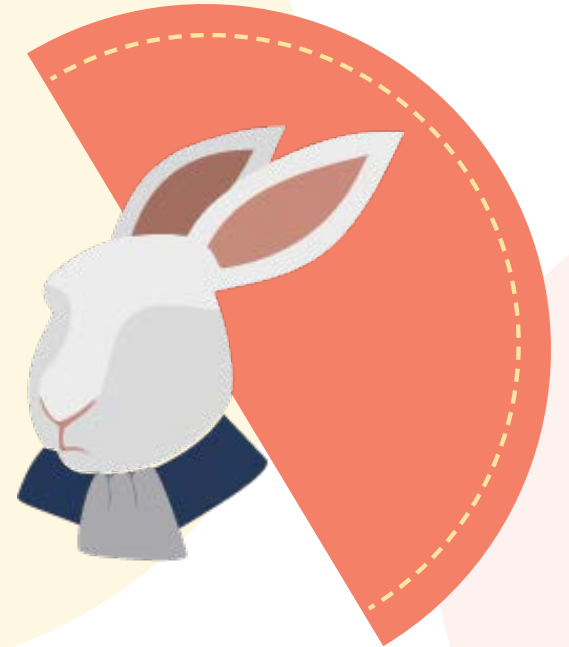


BENEFIT GUIDE



WE'RE ALL MAD HERE



CALIFORNIA

AUGUST 1, 2024 - JULY 31, 2025



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.

- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective August 1, 2024 - July 31, 2025.

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.

\$ - Identifies plans with per pay period cost to the employee

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Enrollment

Go to <https://nw15.ultipro.com/>. There, you will find detailed instructions for enrolling.

Plan Details

Go to <https://www.iapmohr.org>. There, you will find detailed information about the plans available to you.

MEDICAL PLANS

We are proud to offer you a choice of a couple 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.

Blue Shield HMO

With the HMO plan, 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.

\$ Blue Shield PPO

The PPO 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 Blue Shield network. The calendar-year deductible must be met before certain services are covered.

Kaiser HMO

(CLOSED TO NEW ENROLLMENTS) Existing subscribers with the Kaiser HMO plan, 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.



MEDICAL PLANS

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 HMO**	Blue Shield Access+ HMO	Blue Shield Buy-Up PPO	
	In-Network Only	In-Network Only	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$2,000 / \$4,000	None	\$250 / \$750	
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$3,500 / \$7,000	\$1,500 / \$3,000	\$2,750 / \$5,500	\$10,250 / \$20,500
Contribution to Your Health Reimbursement Account (HRA)				
Individual / Family	\$2,000 / \$4,000	N/A	N/A	
Covered Services				
Office Visits (physician/specialist)	No charge*	\$10 copay / \$20 copay	\$15 copay	30%*
Routine Preventive Care	No charge	No charge	No charge	Not covered
Outpatient Diagnostic Lab or X-ray (lab or office/hospital)	No charge*	No charge	\$15 / \$40 copay*	30%*
Complex Imaging	\$50 copay*	No charge	10% / 20% *	30%*
Chiropractic	\$15 copay ²	\$10 copay ²	\$15 copay ³	30%*
Ambulance	\$100 copay*	\$100 copay	10%*	
Emergency Room	\$100 copay*	\$150 copay ⁵	\$150 copay ⁵ + 10%	
Urgent Care Facility	No charge*	\$10 copay	\$15 copay	30%*
Inpatient Hospital Stay (Including maternity / MHSA)	\$300 per day*	\$250 copay	10%*	30%*
Outpatient Surgery (hospital/ASC)	\$150 copay*	\$200 / \$50 copay	15%* / 5%*	30%*
Prescription Drugs				
	(Generic / Brand)		(Tier 1 / Tier 2 / Tier 3 / Tier 4)	
Retail Pharmacy (30-day supply)	\$10 / \$30*	\$10 / \$25 / \$40 / 20% up to \$250	\$10 / \$25 / \$40 / 30% up to \$250	25% + \$10 / \$25 / \$40 / 30% up to \$250
Mail Order (90-day supply) ⁴	\$20 / \$60*	\$20 / \$50 / \$80 / 20% up to \$500	\$20 / \$50 / \$80 / 30% up to \$500	Not covered

Coinurance 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.

** Kaiser Permanente is closed to new enrollments

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. 30 max visits per year
3. 20 max visits per year
4. 100-day supply for Kaiser
5. Copay waived if admitted directly to hospital on inpatient-basis

Blue Shield Microsite

Arvato Micro Site | Blue Shield of California
(bscaplan.com)

DENTAL PLANS



We are proud to offer you a choice between two different dental plans through Delta Dental.

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

\$ 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 Delta Dental network.

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

Key Dental Benefits	DHMO	DPPO	
	In-Network Only	In-Network	Out-of-Network ¹
Deductible (per calendar year)			
Individual / Family	None	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic, and major Services combined)			
Per Individual	None	\$2,000	
Covered Services			
Preventive Services	No charge	No charge	No charge
Basic Services	See Schedule	10%*	20%*
Major Services	See Schedule	40%*	50%*
Orthodontia	\$1,700 (child) / \$1,900 (adult)	Adult and Child: 50%, \$1,500 max benefit	

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

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

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

VISION PLAN

We are proud to offer you a vision plan through VSP.

PPO: This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the 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)	No charge	Up to \$45
Materials Copay		N/A
Lenses (once every 12 months)	No charge	Up to \$30
Single Vision		Up to \$50
Bifocal Trifocal		Up to \$65
Frames (once every 24 months)	\$200 allowance; \$220 feature frame allowance; \$110 Costco allowance	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	\$200 allowance	Up to \$105

*When the network provider uses wholesale or warehouse pricing, the maximum allowable frame allowance will be as follows: **wholesale allowance:** \$99.06, **warehouse allowance:** \$103.64.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

We provide you with an opportunity to participate in 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. **NOTE:** FSA runs on a January 1 - December 31 calendar year. Open Enrollment is held annually each December.

\$ Health Care FSA

For 2024, you may contribute up to \$3,200 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 2024, 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 14 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 \$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 listed deadlines.

You can incur expenses through March 15, 2025, and must file claims by March 31, 2025. (plan has grace period & run out.)

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

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 New York Life.

Benefit Amount	\$50,000
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\$ Supplemental Life/AD&D (Employee-paid)

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

	Benefit Option	Guaranteed Issue*
Employee	\$10,000 increments up to the lesser of 5x annual salary or \$500,000	Lesser of 3x annual salary or \$200,000
Spouse/RDP	\$5,000 increments up to the lesser of 50% of your election or \$250,000	\$25,000
Child(ren)	\$5,000 or \$10,000	\$10,000

*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.

Long-Term Disability

Provided at **NO COST** to you through New York Life.

Benefit Percentage	66.67%
Monthly Benefit Maximum	\$15,000
When Benefits Begin	After 365th day of disability
Maximum Benefit Duration	Social Security Normal Retirement Age



IAPMO CARES

Mental health is more important now, then ever before. It is important to take care of yourself, not only physically, but also mentally. Visit the IAPMO Cares page on the HR website for all things mental health, and all the resources available to you.

- ▶ Breakdown of resources by plan
- ▶ Coverage fliers
- ▶ Apps to help manage mental health
- ▶ Useful articles
- ▶ Important phone numbers to share with your family
- ▶ Inspirational videos and much more

§ GROUP LEGAL PLAN

The LegalShield group legal plan offers legal products and services for you and your family. As a member, you have direct, toll-free access to a LegalShield provider law firm. This coverage is employee-paid.

Legal Assistance

- ▶ Covers you and your eligible family members
- ▶ Unlimited phone consultation on any legal matter*
- ▶ Contract and document review*
- ▶ Will preparation and annual review
- ▶ Non-covered legal services are available at a 25% discount from a LegalShield provider*

ID Theft Protection

Now with more features!

- ▶ Covers you and your spouse
- ▶ Credit report and FICO scores
- ▶ Credit monitoring
- ▶ Identity theft restoration by licensed investigators

**not directly related to employment with IAPMO*

\$ VOLUNTARY BENEFITS

During the enrollment period, you have an opportunity to purchase voluntary benefits through Aflac at affordable group rates. For most plans, benefits are paid directly to you—not to a doctor or health care provider.

Childcare through KinderCare

IAPMO is proud to partner with KinderCare to provide employees of IAPMO discounted and subsidized childcare and preschool tuition. This benefit is offered to all employees across the United States with participating KinderCare campuses. Simply by being an employee of IAPMO, you receive 10% off tuition fees. In addition, IAPMO is proud to subsidize 50% of the childcare/tuition costs paid directly to the center.

Aflac Accident Insurance

Accident Indemnity pays a lump-sum cash benefit for specific injuries you receive and the treatment you need, including hospitalization.

Aflac Hospital Indemnity

This coverage pays you a lump-sum cash benefit when you are admitted to the hospital for a covered hospital stay.

Aflac Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000¹? With critical care insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Pet Insurance through Pets Best

Pet Insurance offers affordable plans for dogs and cats. Policies cover a wide range of care from minor ailments to serious conditions. Pet owners are free to visit any veterinarian. Premiums vary based on the age of your pet, species, size (as an adult), plan type, deductible and state of residence.

1. MetLife Accident and Critical Illness Impact Study, October 2013

VALUABLE EXTRAS

We also offer the following additional benefits:

- ▶ 401(k) 5% dollar for dollar deferral match Retirement Plan through Empower Retirement
- ▶ 401(k) Retirement Plan through Empower Retirement 8% Profit Sharing through Empower Retirement
- ▶ Long Term Care through Life Secure and Prudential for those hired before October 1, 2017

EMPLOYEE ASSISTANCE PROGRAM

Life is full of challenges, and sometimes balancing them all can be 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 EAP is provided at **NO COST** to you through New York Life.

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

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

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to three (3) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources



COST OF BENEFITS

Your contributions toward the cost of medical, dental and vision benefits are automatically deducted from your paycheck before taxes. There are 24 payroll cycles each year. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical Coverage Tier	Kaiser HMO (HRA)			Blue Shield Access+ HMO			Blue Shield Buy-Up PPO			
	Monthly Premium	IAPMO	Employee	Monthly Premium	IAPMO	Employee	Monthly Premium	IAPMO	Employee	Per Pay Period
Employee Only	\$1,550.00	\$1,550.00	\$0.00	\$1,090.67	\$1,090.67	\$0.00	\$1,394.18	\$1,090.67	\$303.51	\$151.76
Employee + 1	\$1,960.83	\$1,960.83	\$0.00	\$2,399.49	\$2,399.49	\$0.00	\$3,067.18	\$2,399.49	\$667.69	\$333.85
Employee + Family	\$2,371.67	\$2,371.67	\$0.00	\$3,108.42	\$3,108.42	\$0.00	\$3,973.40	\$3,108.42	\$864.98	\$432.49

Dental Coverage Tier	Delta Dental DHMO			Delta Dental DPPO			
	Monthly Premium	IAPMO	Employee	Monthly Premium	IAPMO	Employee	Per Pay Period
Employee Only	\$22.16	\$22.16	\$0.00	\$61.20	\$22.16	\$39.04	\$19.52
Employee + 1	\$36.55	\$36.55	\$0.00	\$112.62	\$36.55	\$76.07	\$38.04
Employee + Family	\$54.05	\$54.05	\$0.00	\$182.85	\$54.05	\$128.80	\$64.40

Vision Coverage Tier	VSP Vision		
	Monthly Premium	IAPMO	Employee
Employee Only	\$6.99	\$6.99	\$0.00
Employee + 1	\$14.23	\$14.23	\$0.00
Employee + Family	\$21.86	\$21.86	\$0.00

Employee may incur additional costs for benefits in addition to premiums.

Your contributions toward the cost of voluntary life/AD&D benefits and legal plan are automatically deducted from your paycheck after taxes. There are 24 payroll cycles each year.

Voluntary TermLife/AD&D

Rate by Age (per \$1,000)	Employee	Spouse	Rate by Age (per \$1,000)	Employee	Spouse
< 25	\$0.025	\$0.025	50-54	\$0.275	\$0.275
25-29	\$0.035	\$0.035	55-59	\$0.465	\$0.465
30-34	\$0.055	\$0.055	60-64	\$0.685	\$0.685
35-39	\$0.065	\$0.065	65-69	\$1.220	\$1.220
40-44	\$0.095	\$0.095	70-74	\$2.740	
45-49	\$0.165	\$0.165	75-100	\$4.466	

Child Life Rate (per \$1,000): \$0.175 | AD&D Rate (per \$1,000): \$0.025

LegalShield

LegalShield Coverage	Monthly		Per Pay Period	
	Individual	Family	Individual	Family
Legal Plan	\$18.95		\$9.48	
Identity Theft	\$8.95	\$18.95	\$4.48	\$9.48
Legal + Identity Theft	\$27.90	\$33.90	\$13.95	\$16.95

CONTACT INFORMATION

Coverage	Carrier	Phone #	Website/Email
Medical	Blue Shield	(888) 256-1915	www.blueshieldca.com
	Kaiser	(800) 464-4000	www.kp.org
Chiropractic	American Specialty Health (Blue Shield partner)	(800) 678-9133	https://www.iapmohr.org/chiro
Dental	Delta Dental	HMO: (800) 422-4234	www.deltadentalins.com
		PPO: (888) 335-8227	
Vision	VSP	(800) 877-7195	www.vsp.com
Flexible Spending Accounts (FSAs) Health Reimbursement Account (HRA)	WEX	(866) 451-3399	https://benefitslogin.wexhealth.com
Basic Life/AD&D	New York Life	(800) 842-4462	www.newyorklife.com
Supplemental Life/AD&D and Disability	New York Life	(800) 842-4462	www.newyorklife.com
Employee Assistance Program (EAP)	New York Life	(800) 344-9752	Guidanceresources.com / Web ID: NYLGBS
Voluntary Benefits	Aflac	(310) 500-0692	brandon_shirley@us.aflac.com
Pre-Paid Legal ID Theft	Pre-Paid Legal	(865) 293-2453	CAP@premiersolutionsintl.com
Pet Insurance	Pets Best	(888) 984-8700	www.petsbest.com/iapmo
401(k) Retirement Savings	Empower Retirement	(833) 569-2433	www.RetireSmart.com
Childcare	KinderCare	N/A	https://www.iapmohr.org/childcare

Benefits Website

Our benefits website <https://nw15.ultipro.com/> can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:
Jennifer or Ashley at (909) 472-4214 | benefits@iapmo.org

Annual Notices

[Click here](#) to view Annual Notices.

Benefit Summaries

[Click here](#) to view Benefit Summaries.

Summary of Benefits & Coverage (SBCs)

[Click here](#) to view Summary of Benefits & Coverage (SBCs).



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.

